

# **Common Management and Operating Provisions**

For All FSA Offices

SHORT REFERENCE

1-CM (Revision 3)

UNITED STATES DEPARTMENT OF AGRICULTURE Farm Service Agency Washington, DC 20250 •

#### UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency Washington, DC 20250

Common Management and Operating Provisions 1-CM (Revision 3)

Amendment 47

Approved by: Deputy Administrator, Farm Programs

Branka Wille

#### **Amendment Transmittal**

#### **A** Reasons for Amendment

Subparagraphs 122 A and 178.8 B have been amended to remove the requirement about revocable trusts being required to obtain an EIN upon appointment of a third party as trustee or successor trustee, as this is policy governed by IRS and not FSA.

Subparagraph 769 A has been amended to:

- remove the requirement for spouses "with" signature authority to be loaded in the Fiduciary File
- clarify that only spouses denied signature authority according to paragraph 707, shall be loaded in the Fiduciary File.

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#### Part 1 Basic Provisions

#### 1 Overview

#### A Handbook Purpose

This handbook contains common management and operating provisions for program management activities, functions, and automated applications.

#### **B** Public Information

Follow instructions in 2-INFO, paragraph 69 to make determinations on providing requested producer name and address lists to the public.

#### C Related Handbooks

FSA handbooks related to common management are:

- 1-AFIDA for foreign person procedure
- 15-AO for county and community persons
- 16-AO for State and county organization and administration
- 25-AS for record keeping requirements
- 3-BU for State and county administrative and program funds
- 3-CM for farm records
- 5-CM for common payment limitation provisions
- 1-CMA for CMA and LSA procedures
- 2-CP for acreage reporting procedures
- 6-CP for HELC and WC procedures
- 1-CRP for Agricultural Resource Conservation Program procedures
- •\*--1-DCP for DCP procedures
- 2-DCP for DCP automation procedures--\*
- 1-FI for fiscal management procedures
- 58-FI for claim and receivable procedures
- 62-FI for reporting data to IRS
- 2-INFO for information available to the public
- 2-IRM for computer backups and storage
- \* \* \*
- 1-PL for payment limitation procedures
- 2-PL for entity file and joint operation procedures
- •\*--3-PL for web-based subsidiary files
- 4-PL for payment limitation procedure.--\*

\* \* \*

#### **1 Overview (Continued)**

#### **D** Sources of Authority

Authority for this handbook is in:

- Commodity Credit Corporation Charter Act, as amended
- Food Security Act of 1985
- Federal Agriculture Improvement and Reform Act of 1996
- •\*--Food, Conservation, and Energy Act of 2008.--\*

#### \*--2 Determining Final or Closing Date, Remittance Date, and Extensions--\*

#### A Final or Closing Date

If a final or closing date falls on a:

- workday, that date shall apply
- day on which the applicable Field Office or National Office is not open for business during normal workhours, extend the date to COB on the next workday.

When computing the final or closing date, exclude the day of mailing if the action required is within a prescribed number of days after the notice is mailed.

#### **B** Action Performed by Mail

Consider an action to have been taken within the prescribed period if the final or closing date falls on a:

- workday and the mail shows a USPS postmark no later than that day
- nonworkday and the mail shows a USPS postmark no later than the next workday.

Do not accept postage meter date-stamping.

#### \*--C Extensions and Use of Register

If program provisions set a final signup, reporting, filing or other date and heavy workload or computer failure makes processing the prescribed forms impossible; County Offices may request an extension and the use of a customer register through the State Office.

Customers may request to be placed on a register by:

- visiting the County Office
- telephone
- FAX
- e-mail
- mail.--\*

#### \*--2 Determining Final or Closing Date, Remittance Date, and Extensions (Continued)--\*

#### C Extensions and Use of Register (Continued)

County Office shall:

- enter the customer's name on the register and document the method by which it was received
- have each registrant provide as much preliminary information as possible about each farm involved
- schedule an appointment for the customer allowing adequate time to process **all** prescribed forms and obtain required signatures prior to established timeline
- date each form with the date it is actually filed and cross-reference it to the register.--\*

#### **3** Using Appointment Process

#### A Policy

County Offices are encouraged to use appointments for program signup and acreage certification.

#### **B** Advantages

Properly handled, the appointment process:

- permits Service Centers to prepare for the operator's visit
- eliminates the need for producers to waste time in lines and make multiple trips to the Service Center
- improves public relations
- provides a more businesslike atmosphere.

#### **C** Cautions

County Offices that use the appointment process shall:

- ensure that the rules for making appointments are well publicized
- give every producer a chance to make an appointment
- give priority to servicing appointments without ignoring walk-in traffic
- schedule appointments so that enough time is allowed at the end of signup to reschedule those producers who had to cancel.

4-21	(Reserved)
7-30-0	9

# Part 2 Accessing and Updating County Data Table

22 Overview	
A Introduction	This part describes the type of County data and how to access the County data table.
B Contents of the County Data Table	The County data table contains both basic and specific information about a County Office. The contents of data in this file consist of the following levels of information:
	<ul><li>County Office data</li><li>County control numbers.</li></ul>

# 23 Revising and Updating County Data Table Maintenance Screen MAA10001

#### A Purpose

County Data Table Maintenance Screen MAA10001 allows users to revise and update County Office data.

B

Accessing Screen Begin on Menu FAX250 and use this table to access Screen MAA10001. MAA10001

Step	What to Enter	Result	
1	"3" or "4"	IF	THEN
		"3" is entered	Application Selection Menu FAX07001 will be displayed.
		"4" is entered	Office Selection Menu FAX09002 will be displayed.
2	applicable county	Application Selection Menu FAX07001 will be displayed.	
3	··9"	Menu MA0000 will be displayed.	
4	"1"	Menu MAA000 will be displayed.	
5	"1"	Screen MAA10001 will be displayed.	

# 23 Revising and Updating County Data Table Maintenance Screen MAA10001 (Continued)

ample of reen	Following is an example of Screen MAA10001.
AA10001	073-F RANSOM UPDATE MAA10001 County Data Table Maintenance Version: AE16 02/09/2001 14:44 Term G2
	SERVED STATE/COUNTY CODES: 38073 NAME: RANSOM SERVED COUNTY PRINT NAME RANSOM COUNTY FSA PAYROLLING ST/COUNTY CODES: 061078 P.O. BOX 193 FIRST LINE MAILING ADDRESS
	SECOND LINE MAILING ADDRESS MAILING CITY: LISBON STATE: ND ZIP CODE: 58054 0193 FIRST LINE SHIPPING ADDRESS 701 MAIN ST SECOND LINE SHIPPING ADDRESS

D Entering Data on Screen MAA10001

Screen MAA10001 will display data previously recorded.

CONGRESSIONAL DISTRICT: 01 MAIL PERMIT FIRST CLASS:

Cmd7-End

The fields are described in this table. PRESS "Field Exit" to advance from field to field. Entries in all fields are required unless otherwise indicated.

MAIL PERMIT THIRD CLASS: Y

Enter (U)pdate, (N)ext Screen

Field	Field Length	What to Enter
Served State/County: • Codes • Name		System entry from the control file loaded through Option 2 on Menu FAX250.
Served County Print Name	40	Full County Office name of the served county.

# 23 Revising and Updating County Data Table Maintenance Screen MAA10001 (Continued)

#### D Entering Data on Screen MAA10001 (Continued)

Field	Field Length	What to Enter
Payrolling State/County Codes	6	The State, county, and Check Digit codes for the payrolling office. Entry required.
P.O. Box	6	The post office box number. Entry optional.
		<b>Note:</b> Make an entry in this field or the First Line Mailing Address field, but not both.
First Line Mailing Address	26	Complete mailing address. This may be Rural Route number and box, or street address. Entry optional.
		<b>Note:</b> Make an entry in this field or P.O. Box field, but not both.
Second Line Mailing Address	26	Entry optional. Use this field when mailing address consists of 2 lines.
Mailing City	20	The city name.
Mailing State	2	The State 2-digit abbreviation.
ZIP Code	9	The full 9-digit ZIP Code.
First Line Shipping Address	26	• Entry optional when there is an entry in First Line Mailing Address.
		• Entry required when there is an entry is the P.O. Box field.
Second Line Shipping Address	26	Entry optional. Use this field when shipping address consists of 2 lines.

# 23 Revising and Updating County Data Table Maintenance Screen MAA10001 (Continued)

#### D Entering Data on Screen MAA10001 (Continued)

Field	Field Length	What to Enter
Shipping State	2	Entry required when an entry is made in "First Line Shipping Address" field.
Shipping ZIP Code	9	Entry required when an entry is made in "First Line Shipping Address" field.
CED Name	26	• County Executive Director's format name; i.e., first, middle initial, last.
		"Vacant", if the CED position is vacant.
Commercial Telephone	10	3-digit area code and 7-digit number. Entry optional.
		<b>Note:</b> An entry must be in either this field or the "FTS Phone" field.
FTS Phone	7	7-digit FTS number. Entry optional.
		<b>Note:</b> An entry must be in either this field or the "Commercial Telephone" field.
Congressional District	2	Entry optional. Congressional district number, <b>only</b> if the entire county is in 1 congressional district.
Mail Permit First Class	1	Entry optional. For counties with first-class permits:
		<ul> <li>"1", presort</li> <li>"2", first-class only.</li> </ul>
Mail Permit Third Class	1	Field defaults to "N". Change to "Y", if county has a bulk mailing permit.
Next Screen		System entry giving the name of the next screen to be displayed.

# Par. 23 23 Revising and Updating County Data Table Maintenance Screen MAA10001 (Continued)

E	<ul> <li>To update changes made on Screen MAA10001, ENTER "U" and PRESS</li></ul>			
Updating Data	"Enter". Validations will be performed when the (U)pdate option is taken. <li>Edit error messages will be displayed on the screen. All errors must be</li>			
on Screen	corrected before the County Data Table will be updated. <li>After all corrections are made, to update the County Data Table, ENTER "U"</li>			
MAA10001	and PRESS "Enter".			
F Exiting From Screen MAA10001	<ul> <li>On Screen MAA10001, do either of the following:</li> <li>PRESS "Cmd7" to return to Menu MAA000</li> <li>ENTER "N" and PRESS "Enter". Screen MAA10003 will be displayed.</li> </ul>			

# 24 Revising and Updating County Data Table Maintenance Screen MAA10501

A Purpose	County Data Table Maintenance Screen MAA10501 allows users to revise and update additional County Office data.				
B Accessing Screen MAA10501	Access Screen MAA10501 by e Screen MAA10001.	entering "N" for "next screen" on			
C		N 4 4 10701			
Example of Screen	Following is an example of Scre	en MAA10501.			
MAA10501	Common Provisions County Data Table Maintenance	DEAFSMITH MAA10501 Version: AD47 08/31/1998 10:27 Term D1			
		COUNTY SITE DATA TABLE			
	Farm Loan Manager: JIM MILLER FAX Telephone Number 111 111-1	111			
	Cmd7-End, Cmd3-Previous	Enter-Continue			

# 24 Revising and Updating County Data Table Maintenance Screen MAA10501 (Continued)

D	
Entering Data on	Screen MAA10501 will display data previously recorded.
Screen	
MAA10501	The fields are described in this table. PRESS "Field Exit" to advance from field to
	field. Entries in all fields are required unless otherwise indicated.

Field	Field Length	What to Enter
Farm Loan Manager	45	<ul> <li>Farm Loan Manager's first name, middle initial, and last name</li> <li>"Vacant", if the position is vacant.</li> </ul>
FAX Telephone Number	10	the FAX number for the County Office.

E Updating Data on Screen MAA10501	To update changes made on Screen MAA10501, PRESS "Enter". Note: An error message will be received unless an entry is made in each field.
F Exiting From Screen MAA10501	<ul><li>On Screen MAA10501, PRESS:</li><li>"Cmd7" to return to Menu MAA000</li></ul>
	<ul> <li>"Cmd3" to return to Screen MAA10001</li> <li>"Enter", and Screen MAA11002 will be displayed.</li> </ul>

25 (Reserved)

A Purpose	•	Screen MAA10005 is a message screen. The to sign off of all terminals, before pressing			
	County Offices shall only use this required.	s procedure when County control numbers are			
B Accessing Screen MAA10005	On Screen MAA10003, ENTER display Screen MAA10005.	"N" for next screen and PRESS "Enter" to			
C Example of Screen	Following is an example of Scree	n MAA10005.			
MAA10005	021-PINAL County Data Table Maintenance	DISPLAY MAA10005 Version: AB39 12/28/90 13:25 Term X5			
	COUNTY TABLE				
	PRESSING THE ENTER REQUIRES EXCLUSIVE BEFORE IT CAN BE DI	NALS ARE SIGNED OFF BEFORE KEY. THE NEXT SCREEN USE OF CERTAIN FILES SPLAYED. IT WILL TAKE SOME T SCREEN IS DISPLAYED.			
	Cmd7-End, Cmd3-Previous	Enter-Continue			

#### D

Initiating County Control Number Procedure On Screen MAA10005, PRESS "Enter" to execute the County control number procedure. Screen MAA11001 will be displayed.

EScreenScreen MAA11002 will display County control numbers for farm, tract, temporaryMAA11002ID, and reconstitution used internally by the automated system.

These numbers cannot be modified. They are increased by the computer as additional records are created.

Following is an example of Screen MAA11002.

	DISPLAY MAA11002 Version: AB39 12/28/90 13:25 Term X5
	DUNTY TABLE
COUNTY	CONTROL NUMBERS
FARM TRACT TEMPORARY ID RECON	713 4967 393 10000
Cmd7-End, Cmd3-Previous	

F

Exiting Screen MAA10005 or MAA11002

On Screen MAA10005 or MAA11002, do either of the following:

- PRESS "Cmd7" to return to Menu MAA000
- PRESS "Cmd3" to return to previous screen.

27-62 (Reserved)

# 63 Program Announcement Process

A Background	Following is the process when the annual program is announced for a crop or other decisions made, which change 1 or more values or flags in the crop data *or payment parameter table*
	<ul> <li>A national notice will announce the decisions.</li> <li>The applicable values or flags will be entered in KC-ITSDO and downloaded to County Offices.</li> </ul>
B KC-ITSDO Action	*KC-ITSDO shall ensure that national crop data or payment parameter table is updated and processed according to paragraph 65*
C State Office Action	State Offices shall ensure that download file is * * * processed according to Information Bulletins.
D County Office Action	County Offices shall ensure that download file is * * * processed according to paragraph 65.

A Introduction	The purpose of this paragraph is to provide instructions to KC-ITSDO for downloading crop data tables to County Offices through State Offices.	
B Crop Data Tables	KC-ITSDO shall:	
	•*update the national crop data or payment parameter table with values* provided from the National Office	
	• inform <b>all</b> State Offices of the download through the Information Bulletin system including any special instructions	
	• download the prepared files to all State Offices	
	• monitor the progress of the downloaded files to State and County Offices.	
C Reports	KC-ITSDO shall report any problems with a download to the National Office.	

Α	
Introduction	The purpose of this paragraph is to provide instructions for receiving and processing downloaded crop data tables * * *.

# BCrop DataCounty Offices shall receive and process downloaded crop data tables fromTablesKC-ITSDO \* \* \* according to the following table.

Step		Action			
1	Follow any special inst Information Bulletin sy download taking place	Ensures correct download of file or files and action required from County Office.			
2	IF download is by	THEN			
	telecommunications	file will be received automatically, if sent on a regular transmission day. * * *	File will be received during end-of-day transmission process at scheduled communication time.		

#### B Crop Data Tables (Continued)

Step	Action Result				
3	IF processing file or files received by			THEN	
		telecommunications during end-of-day processing		No action is required, because start-of-day processing will automatically process file or files.	File or files will be processed.
	telecommunications during the day			go to step 4.	
4	To process file or files received during the day, do the following.				
	Step	Step Menu			
	1	FAX07001	ENTEI	R "9", "Common Provisions".	Menu MA0000 will be displayed.
	2	MA0000		R "1", "County Office Table Files nance".	Menu MAA000 will be displayed.

### B Crop Data Tables (Continued)

Step	Action Result					
4						
(Cntd)	Step	Menu				
	3	MAA000	<ul> <li>To process 1 of the downloaded files, ENTER:</li> <li>"3", "Load National Crop Data For Tobacco"</li> <li>"4", "Load National Crop Data For Program Crops"</li> <li>* *</li> <li>* *</li> <li>* **</li> <li>* **</li> <li>* *</li> </ul>	The message, "IS THE NATIONAL CROP DATA TABLE TO BE LOADED FROM (D)ISK OR D(I)SKETTE Enter required parameter", will be displayed. *Note: Select (D) as data is no longer provided using diskettes* * * *		
			Program Crops"	displayed.		
	4		ENTER "D" if the file is received by telecommunications during the day.	Downloaded file is processed. Print applicable report for verification, according to this part.		

A Purpose	The purpose of this paragraph is to provide reference for reviewing, updating, and *printing crop data or payment parameter tables*
B Verifying Downloads	Verify downloaded values according to Part 4 for program crops.

# 67-75 (Reserved)

#### Part 4 Crop Data Table Maintenance

#### 76 Overview

#### **A** Introduction

\*--This part covers procedure for accessing, updating, and printing crop or payment parameter tables.

The payment parameter file contains program parameters specific to the direct and counter-cyclical program payments.--\*

The crop data table file contains values, flags, and program parameters specific to the production flexibility crop programs for wheat, feed grains, cotton, and rice.

The values and flags for these crops are used to control the operation of application software, particularly the payment process. They permit the software to be changed quickly to reflect program decisions.

#### Section 1 Accessing Crop Table Maintenance

#### 77 Access Crop Table Maintenance

#### **A** Introduction

This paragraph provides steps for accessing the crop records for 1996 and later years.

#### **B** Accessing Crop Tables

To access the crop or payment parameter tables from Menu MAAB00 for:

- tobacco or 2001 peanuts:
  - ENTER "1", "Program Crop Table", to display Screen MAA00401
  - ENTER "Program Crop Table Year", to display Screen HCA010-00
  - continue according to subparagraph D
- 2002 and later years DCP crops:
  - ENTER "4", "Direct Payments Parameter File" or ENTER "6", "Counter Cyclical Payments Parameter File"
  - continue according to Section 4.

\* \* \*

78-80 (Reserved)

Section 2 (Withdrawn--Am. 39)

#### 81-83 (Withdrawn--Am. 39)

84-95 (Reserved)

## \*--Section 3 Direct and Counter-Cyclical Parameter Crop Table for 2002 and Future Years--\*

#### 96 Overview

#### A Introduction

This section provides:

- procedure for printing the crop table report
- an explanation of the printed data
- instructions for:
  - verifying the downloaded information
  - •\*--printing the Direct and Counter-Cyclical Parameter Crop Table from Menu MAA000.

#### **B** Valid Crops

This section is valid for the following crops **only**:

- barley
- canola
- corn
- crambe
- flax
- grain sorghum
- mustard
- oats
- peanuts
- rapeseed
- rice
- safflower
- sesame
- soybeans
- sunflowers
- upland cotton--\*
- wheat.

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#### \*--97 Viewing Direct and Counter-Cyclical Parameter Crop Tables From Menu MAAB00

#### **A Background**

The Direct and Counter-Cyclical Parameter Crop Tables are updated during County Office release installation.

#### **B** Viewing the Table From Menu MAAB00

Follow the steps in this table to view the Direct and Counter-Cyclical Parameter Crop Tables from Menu MAAB00.

	Menu or	
Step	Screen	Action
1	FAX250	ENTER "3" or "4", "Application Processing", and PRESS "Enter".
2	FAX09002	Enter the appropriate county, if applicable, and PRESS "Enter".
3	FAX07001	ENTER "9", "Common Provisions", and PRESS "Enter".
4	MA0000	ENTER "1", "County Office Table Files Maintenance", and PRESS
		"Enter".
5	MAA000	ENTER "2", "Crop Table Maintenance", and PRESS "Enter".
6	MAAB00	ENTER either of the following:
		<ul> <li>"4", "Direct Payments Parameter File", and PRESS "Enter"</li> <li>"6", "Counter-Cyclical Payments Parameter File", and PRESS</li> </ul>
		"Enter".

#### C Printing Table

Print the Direct and Counter-Cyclical Parameter Crop Tables according to paragraph 98.

#### **D** Verifying Table

Verify the Direct and Counter-Cyclical Parameter Crop Table values according to--\* paragraph 100.

# \*--98 Printing Direct and Counter-Cyclical Parameter Crop Table Report--\*

# A Printing Program Crop Table

Follow the steps in this table to print the crop table for program crops.

	Menu or	
Step	Screen	Action
1	FAX250	ENTER "3" or "4", "Application Processing", and PRESS "Enter".
2	FAX09002	Enter the appropriate county, if applicable, and PRESS "Enter".
3	FAX07001	ENTER "9", "Common Provisions", and PRESS "Enter".
4	MA0000	ENTER "1", "County Office Table Files Maintenance", and PRESS
		"Enter".
5	*MAA000	ENTER "2", "Crop Table Maintenance", and PRESS "Enter".
6	MAAB00	ENTER either of the following:
		• "5", "Print Direct Payments Parameter Crop File", and PRESS "Enter"
		• "7", "Print Counter-Cyclical Payments Parameter File", and PRESS "Enter".
7	MADPRT01	Enter printer ID and PRESS "Enter".
8	MAA25301	Do either of the following:
		<ul> <li>enter a specific crop year and PRESS "Enter"</li> <li>ENTER "9", "ALL" and PRESS "Enter"*</li> </ul>

# 99 Explanation of Program Data

# \*--A Report MAA251-R001

Following is an example of Report MAA251-R001.

CALIFORNIA	USDA-F		03-12-2009
	• •	m Parameter File	_
Report ID: MAA251-R001	2009		Page: 1
WHEAT	0011		
Advance Payment Rate	0.11440000	Final Payment Rate	0.52000000
Beginning Advance Payment Date	12/01/2008	Beginning Final Payment Date	10/01/2009
Ending Advance Payment Date	09/30/2009	Ending Final Payment Date	10/31/2011
OATS	0016		
Advance Payment Rate	0.00528000	Final Payment Rate	0.02400000
Beginning Advance Payment Date	12/01/2008	Beginning Final Payment Date	10/01/2009
Ending Advance Payment Date	09/30/2009	Ending Final Payment Date	10/31/2011
RICE	0018		
		Place December Deter	
Advance Payment Rate	0.00517000 0.51700000	Final Payment Rate FCEA Final Payment Rate	0.02350000 2.35000000
FCEA Advance Payment Rate Beginning Advance Payment Date	12/01/2008	Beginning Final Payment Date	10/01/2009
Ending Advance Payment Date	09/30/2009	Ending Final Payment Date	10/31/2011
Liaing havance rayment bace	,		,,
UPLAND COTTON	0021		
Advance Payment Rate	0.01467400	Final Payment Rate	0.06670000
Beginning Advance Payment Date	12/01/2008	Beginning Final Payment Date	10/01/2009
Ending Advance Payment Date	09/30/2009	Ending Final Payment Date	10/31/2011
FLAX	0031		
Advance Payment Rate	0.09856000	Final Payment Rate	0.44800000
FCEA Advance Payment Rate	0.17600000	FCEA Final Payment Rate	0.80000000
Beginning Advance Payment Date	12/01/2008	Beginning Final Payment Date	10/01/2009
<sup>°</sup> Ending Advance Payment Date	09/30/2009	Ending Final Payment Date	10/31/2011
CORN	0041		
Advance Payment Rate	0.06160000	Final Payment Rate	0.28000000
Beginning Advance Payment Date	12/01/2008	Beginning Final Payment Date	10/01/2009
Ending Advance Payment Date	09/30/2009	Ending Final Payment Date	10/31/2011
GRAIN SORGHUM	0051		
Advance Payment Rate	0.07700000	Final Payment Rate	0.35000000
Beginning Advance Payment Date	12/01/2008	Beginning Final Payment Date	10/01/2009
Ending Advance Payment Date	09/30/2009	Ending Final Payment Date	10/31/2011
PEANUTS	0075		
Advance Dayment Pate	0.00396000	Final Payment Rate	0.01800000
Advance Payment Rate FCEA Advance Payment Rate	7.92000000	FCEA Final Payment Rate	36.00000000
Beginning Advance Payment Date	12/01/2008	Beginning Final Payment Date	10/01/2009
Ending Advance Payment Date	09/30/2009	Ending Final Payment Date	10/31/2011
SUNFLOWERS	0078		
Advance Payment Rate	0.00176000	Final Payment Rate	0.00800000
FCEA Advance Payment Rate	0.17600000	FCEA Final Payment Rate	0.8000000
Beginning Advance Payment Date	12/01/2008	Beginning Final Payment Date	10/01/2009
Ending Advance Payment Date	09/30/2009	Ending Final Payment Date	10/31/2011

--\*

# 99 Explanation of Program Data (Continued)

# **B** Explanation of Data

*The following table p	provides an explanation	of the data on Report MAA251-R001.
------------------------	-------------------------	------------------------------------

Field	Description
Advance Payment Rate	Rate used to calculate the advance payment.
Beginning Advance Payment Date	Earliest date payment can be issued.
Ending Advance Payment Date	Last date advance payment can be issued.
Final Payment Rate	Rate used to calculate the final payment.
Beginning Final Payment Rate	Earliest date final payment can be issued.
Ending Final Payment Rate	Last date final payment can be issued.
FCEA Advance Payment Rate	Rate determined in the Food, Conservation, and
FCEA Final Payment Rate	Energy Act of 2008. These rates can be converted for
	crops that are maintained in a different unit of measure
	and become the advance or final payment rate, as
	applicable.

--\*

#### \*--100 Reviewing and Verifying Downloaded Values on Report MAA251-R001--\*

#### A Verifying Data

CED shall:

- ensure that 2 County Office employees review and verify that the crop table values are correct by comparing the values to information provided in \* \* \* national notices
- maintain a file, by FY, of the reports printed with the:
  - signatures of the reviewing employees
  - date of the review.

#### **B** Reporting Errors

If an error is discovered after the review and comparison of the reports, immediately notify the State Office of the discrepancy.

#### 101-103 (Reserved)

#### Section 4 Payment Parameter File for 2002 and Future Years

#### 104 (Withdrawn--Am. 39)

#### **105** Direct and Counter-Cyclical Payment Parameters

#### A Background

The Payment Parameter File is updated:

- during last job processing after receiving the file
- when options 4, 5, 6, or 7 are accessed on Menu MAAB00 if file has not already been built and populated.

#### **B** Accessing Payment Parameter Screens

Follow the steps in this table to access the following:

- Screen MAA25002 for direct payments
- Screen MAA25502 for counter-cyclical payments.

	Menu or	
Step	Screen	Action
1	FAX250	ENTER "3" or "4", "Application Processing", and PRESS "Enter".
2	FAX09002	Enter the appropriate county, if applicable, and PRESS "Enter".
3	FAX07001	ENTER "9", "Common Provisions", and PRESS "Enter".
4	MA0000	ENTER "2", "Crop Table Maintenance", and PRESS "Enter".
5	MAAB00	ENTER "4", "Direct Payments Parameter File", or "6", "Counter
		Cyclical Payments Parameter File", and PRESS "Enter".
6	MAA25001	Enter the Crop Code and Crop Year, and PRESS "Enter".
	or	
	MAA25501	

.

# \*--105 Direct and Counter-Cyclical Payment Parameters (Continued)

С	
Printing	Follow the steps in this table to print the following:
Payment Parameter Reports	<ul> <li>Report MAA251-R001 for direct payments</li> <li>Report MAA256-R001 for counter-cyclical payments.</li> </ul>

Step	Menu or Screen	Action
1	FAX250	ENTER "3" or "4", "Application Processing", and PRESS "Enter".
2	FAX09002	Enter the appropriate county, if applicable, and PRESS "Enter".
3	FAX07001	ENTER "9", "Common Provisions", and PRESS "Enter".
4	MA0000	ENTER "2", "Crop Table Maintenance", and PRESS "Enter".
5	MAAB00	ENTER "5", "Print Direct Payments Parameter File", or "7", "Print Counter Cyclical Payments Parameter File", and PRESS "Enter".
6	MADPRT01	Enter the printer ID, and PRESS "Enter".
7	MAA25301	Enter a specific crop year.

# \*--106 Explanation of Payment Parameter Data for Direct Payments

Crop Table 043 Direct Payment Crop Table	Screen		002 10:39 Term E6
Numeric Crop Code 0011	Year 2002	Crop Abbreviation	WHEAT
Signup Start date	10/01/2002	Signup End Date	06/02/2003
Advance Payment	5	Final Pa	yment
Advance Payment Rate Begin Advance Payment Date Ending Advance Payment Dat	e 12/01/2001	Beginning Final Payment	t Date 10/01/200
Cmd2=Return to Crop Entry	- Grunder - Grud	7 End	

Continued on the next page

# \*--106 Explanation of Payment Parameter Data for Direct Payments (Continued)

#### B Example of Report MAA251-R001

The following is an example of Report MAA251-R001 for direct payments.

LOUISIANA CAMERON Direc Report ID: MAA251-R001	USDA-FSA t Program Paramet 2002		10-21-2002 Page: 01 of 02
WHEAT	0011		
Advance Payment Rate Beginning Advance Payment Date Ending Advance Payment Date		Final Payment Rate Beginning Final Payment Date Ending Final Payment Date	000.52000000 10/01/2002 10/31/2007
RICE	0018		
Advance Payment Rate FSRIA Advance Payment Rate Beginning Advance Payment Date Ending Advance Payment Date	000.01175000 001.17500000 12/01/2001 09/30/2002	Final Payment Rate FSRIA Final Payment Rate Beginning Final Payment Date Ending Final Payment Date	000.02350000 002.35000000 10/01/2002 10/31/2007
UPLAND COTTON	0021		
Advance Payment Rate Beginning Advance Payment Date Ending Advance Payment Date	000.03335000 12/01/2001 09/30/2002	Final Payment Rate Beginning Final Payment Date Ending Final Payment Date	000.06670000 10/01/2002 10/31/2007
PEANUTS	0075		
Advance Payment Rate FSRIA Advance Payment Rate Beginning Advance Payment Date Ending Advance Payment Date	000.00900000 018.00000000 12/01/2001 09/30/2002	Final Payment Rate FSRIA Final Payment Rate Beginning Final Payment Date Ending Final Payment Date	000.01800000 036.0000000 10/01/2002 10/31/2007

--\*

#### \*--107 Explanation of Payment Parameter Data for Counter-Cyclical Payments

Following is an example of Screen MAA25502 for counter-cyclical payments. Screen **MAA25502** 043 FARIBAULT DISPLAY MAA25502 Crop Table Counter Cyclical Crop Table Screen Version: AE51 10/08/2002 13:20 Term E6 Numeric Crop Code 0021 Year 2002 Crop Abbreviation UPCN Initial Advance CC Payments Second Advance CC Payments Init Adv Pay Rate(100%) .04800000 Second Adv Pay Rate(100%) .00000000 .01680000 Init Adv Pay Rate(35%) Second Adv Pay Rate(70%) .00000000 Begin Initial Advance Date 10/01/2002 Begin Second Advance Date 02/01/2003 End Initial Advance Date 01/31/2003 End Second Advance Date 00/00/0000 Final CC Payments Final Payment Rate .00000000 Final Payment Date 00/00/0000 End Final Payment Date 10/31/2008 Cmd2=Return to Crop Entry Screen Cmd7=End

Continued on the next page

--\*

Α

#### B Example of Report

The following is an example of Report MAA256-R001 for counter-cyclical payments.

MAA256-R001

LOUISIANA USDA-FSA Prepared: 10-21-2002 CAMERON Counter Cyclical Program Parameter File Report ID: MAA256-R001 2002 Page: 01 of 04 WHEAT 0011 Initial Advance CC Payments Second Advance CC Payments Initial Adv Payment Rate(100%) 000.0000000 Second Adv Payment Rate(100%) 000.0000000 Initial Adv Payment Rate(35%) 000.0000000 Second Adv Payment Rate(70%) 000.0000000 Begin Initial Advance Date 10/01/2002 Begin Second Advance Date 02/01/2003 End Initial Advance Date 01/31/2003 End Second Advance Date 00/00/0000 Final CC Payments 000.0000000 Final Payment Rate Begin Final Payment Date 00/00/0000 End Final Payment Date 10/31/2008 RICE 0018 Initial Advance CC Payments Second Advance CC Payments Initial Adv Payment Rate(100%) 000.01650000 Second Adv Payment Rate(100%) 000.0000000 Initial Adv Payment Rate(35%) 000.00580000 Second Adv Payment Rate(70%) 000.0000000 FSRIA Init Adv Pay Rate(100%) 001.65000000 FSRIA Secnd Adv Pay Rate(100%) 000.0000000 FSRIA Init Adv Pay Rate(35%) 000.58000000 FSRIA Secnd Adv Pay Rate(70%) 000.0000000 Begin Initial Advance Date 10/01/2002 Begin Second Advance Date 02/01/2003 End Initial Advance Date 01/31/2003 End Second Advance Date 00/00/0000 Final CC Payments Final Payment Rate 000.00000000 Begin Final Payment Date 00/00/0000 FSRIA Final Payment Rate 000.00000000 End Final Payment Date 10/31/2008 UPLAND COTTON 0021 Initial Advance CC Payments Second Advance CC Payments Initial Adv Payment Rate(100%) 000.13730000 Second Adv Payment Rate(100%) 000.00000000 Initial Adv Payment Rate(35%) 000.04810000 Second Adv Payment Rate(70%) 000.0000000 Begin Initial Advance Date 10/01/2002 Begin Second Advance Date 02/01/2003 End Initial Advance Date 01/31/2003 End Second Advance Date 00/00/0000 Final CC Payments 000.0000000 Final Payment Rate Begin Final Payment Date 00/00/0000 End Final Payment Date 10/31/2008 PEANUTS 0075 Initial Advance CC Payments Second Advance CC Payments Initial Adv Payment Rate(100%) 000.05200000 Second Adv Payment Rate(100%) 000.0000000 Initial Adv Payment Rate(35%) 000.01820000 Second Adv Payment Rate(70%) 000.0000000 FSRIA Init Adv Pay Rate(100%) 104.0000000 FSRIA Secnd Adv Pay Rate(100%) 000.0000000 FSRIA Init Adv Pay Rate(35%) 036.4000000 FSRIA Secnd Adv Pay Rate(70%) 000.0000000 Begin Initial Advance Date 10/01/2002 Begin Second Advance Date 02/01/2003 End Initial Advance Date 01/31/2003 End Second Advance Date 00/00/0000 Final CC Payments 000.0000000 Final Payment Rate Begin Final Payment Date 00/00/0000 10/31/2008 --\* 000.00000000 FSRIA Final Payment Rate End Final Payment Date

12-18-02

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## C Explanation of FSRIA Rates

Rice, peanuts, and flaxseed have payment rates expressed in the software that use units different than used in the statute. These crops have an FSRIA payment rate printed on Reports MAA251-R001 and MAA256-R001 that expresses the payment in the same units as listed in the statute. The following table lists the applicable crops and units.

Сгор	Software Payment Unit	FSRIA Unit
Rice	Pounds	Hundredweight
Peanuts	Pounds	Tons
Flaxseed	Bushels	Pounds

# D

**Counter-Cyclical** The following table lists selected counter-cyclical report data and descriptions. **Report Elements** 

Field	Description
Initial Adv Payment Rate (100 percent)	This is the initial projected counter-cyclical payment rate. This rate is equal to the difference between the target price of the commodity and the initial effective price. The rate is expressed in units used for payment calculations.
Initial Adv Payment Rate (35 percent)	This is the maximum rate allowed for payment on the initial advance payment. As stated in the statute, this is 35 percent of the initial projected counter-cyclical payment rate. <b>This is the rate used to calculate initial</b> <b>advance payments.</b> The rate is expressed in units used for payment calculations.
FSRIA Init Adv Pay Rate (100 percent)	This is the initial projected counter-cyclical payment rate expressed in units used in the statute.
FSRIA Init Adv Pay Rate (35 percent)	This is the maximum rate (35 percent) allowed for payment on the initial advance payment rate expressed in units used in the statute.
	*

#### 108 Reviewing and Verifying Downloaded Values on Reports MAA251-R001 and MAA256-R001

# A

Verifying Data CED shall:

- •\*--ensure that 2 County Office employees review and verify that the payment--\* parameter values are correct by comparing the values to information provided in national notices
- maintain a file, by FY, of the reports printed with the:
  - signatures of the reviewing employees
  - date of the review.

#### B

**Reporting Errors** If an error is discovered after the review and comparison of the reports, immediately notify the State Office of the discrepancy.

109, 110 (Reserved)

•

111     County Office Requirements		
A Introduction	When a change or addition is made to name and address or basic farm and producer files, the transaction is recorded on the transaction log file. This file provides an audit trail that may be used to review specific updates or additions that have occurred on the automated files.	
B Saving the Transaction Log Files	<ul> <li>The automated AS/400 requires the user to save the transaction log files:</li> <li>during the first start of day/end of day process every January and June</li> <li>if less than 10,000 blocks of contiguous disk space are available</li> </ul>	

• if the transaction log file is filled to capacity.

Use this table to perform a proper save of the transaction log files.

Step	Α	ction
1	PRESS "Enter" on Screen MXA00Exx, Audi Screen MXA00E04.	t Trail/Transaction Log, to advance to
2	Using the information on Screen MXA00E04 and sequence number)".	, label the tape, "Transaction Log for (enter date
3	Load the tape to be initialized.	
4	Enter the requested information and PRESS " procedures. Screen MXA0505 will be display	Enter" to begin the tape initialize and tape save yed.
5	If the message, "The previous attempt at saving the Transaction Log files was not successfully completed. Please save the Transaction Log Files now", is displayed during the save process, it may be caused by either of the following.	
	IF	THEN
	the transaction log files are too large to fit on 1 tape	return to step 1 to initialize extra tapes.
	another problem exists	consult the State computer specialist or contact the National Help Desk for assistance.

Continued on the next page

#### С

Tape StorageStore the properly labeled tapes in off-site storage according to 2-IRM,<br/>paragraph 172.

112-120 (Reserved)

#### Part 6 General Rules for Identifying Numbers

#### Section 1 Producer Identifying Numbers

#### **121** Requirements and Purpose

#### A Producer Identifying Number

The Internal Revenue Code requires recipients of program payments to provide identifying numbers to USDA, so that payments can be correctly credited to participants' total earnings and reported to IRS. Except as provided in paragraph 124, make payments to producers who have provided a permanent ID number that IRS and SSA recognize as valid. Do **not** make payments using temporary ID numbers.

Note: See Exhibit 10 for additional information about EIN's.

#### **B** Need for Separate ID Numbers

Entities that are **not** required by IRS to have separate ID numbers, such as LLC's with 1 member and revocable trusts \* \* \* may be required to obtain EIN's to differentiate payments.

\*--Notes: If customers use their personal Social Security number for an entity, such as a 1 member LLC or revocable trust, that same Social Security number shall **not** be--\* entered in SCIMS for the respective customer as an individual, nor shall they receive monetary benefits from FSA as an individual using their personal Social Security number in the same year.

\* \* \*

\*--FLP customers using a personal Social Security number for a past or current loan, must obtain EIN for an entity, including 1 member LLC revocable trusts.--\*

#### 122 Obtaining ID Number

#### A Obtain ID Number

Follow guidelines in 1-PL to determine the proper identifying number. Instructions in this table provide additional guidance and clarification for obtaining and using identifying numbers in certain cases.

Note See Exhibit 10 for additional information about EIN's.

Condition	Action	
Person Signing as an Agent	• Obtain the Social Security number, EIN, or IRS identifying number for the producer. Obtain the agent's ID number or assign a temporary ID number.	
	• The superintendent or authorized BIA representative may sign all program documents as an agent for entities on tribal and allotted lands. Issue payments to BIA with the Indian entity as the producer, using BIA number according to paragraph 124.	
U.S. Territories, Possessions, and Trusts	• Obtain producer's Social Security number, EIN, or IRS identifying number before making producer payments. Inform producers that payments will <b>not</b> be reported to IRS.	
	• Obtain information for determining whether a person is a resident of Puerto Rico from:	
	U.S. INTERNAL REVENUE SERVICE 255 PONCE DE LEON AVE STOP 28 HATO REY PR 00917-1900.	

# 122 Obtaining ID Number (Continued)

# A Obtain ID Number (Continued)

Condition	Action
Corporation,	Obtain EIN of entity and stockholders, partners, beneficiaries, or heirs
LLC, Limited	*according to 1-PL and 4-PL.
Partnership,	
valid	
Irrevocable	
Trust and Estate	
Revocable Trust	Obtain TIN (SSN or EIN) as applicable.
and One	
Member LLC	<b>Note:</b> During the lifetime of the grantor of a receivable trust, and while
	the grantor is serving as trustee of his or her revocable trust, the
	grantor's SSN may be used as the revocable trust's TIN unless
	otherwise required by State law*

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# 122 Obtaining ID Number (Continued)

# A Obtain ID Number (Continued)

Condition	Ac	ction
Joint Payees	Use either of the following ID numb	ers:
	<ul> <li>an employer ID number for the je</li> <li>a Social Security number.</li> </ul>	oint payees
	Note: Require payees to indicate with will be used. The number mut	hich payee's Social Security number ust meet the following conditions:
	• for husband and wife, eith acceptable	her the husband's or wife's number is
		the adult's number is acceptable.
Husband and	Community I	Property States
Wife	IF	THEN
	either the husband or wife is on the	enter both husband and wife in the
	deed	farm producer file and the name and
		address file.
		<b>Note:</b> Enter only the individual
	both claim an interest other than	whose name is on the deed in
	ownership in the farming operation	the farm producer file when
		documentation is provided
		showing the property is
		separate.
	either spouse is an operator, tenant,	enter both spouses on the name and
	or sharecropper	address file but only enter the spouse
		who is an operator, tenant, or
		sharecropper in the farm producer
		file.

# 122 Obtaining ID Number (Continued)

Condition	Ac	tion
Husband and	Noncommunity Property States	
Wife	IF	THEN
(Continued)	both husband and wife are on the	record both husband and wife as
	deed	owners in the farm producer file and the name and address file.
	only the husband or wife is on the deed	record only the individual whose name is on the deed in the farm producer file and name and address file.
	both the husband and wife have an	enter both husband and wife in the
	interest other than ownership in the farming operation	farm producer file and the name and address file.
	either spouse is an operator, tenant, or sharecropper	record only the individual with an interest in the farming operation in the farm producer file and name and address file.
Multiple Identifications	If a person has both a Social Securit number:	y number and an employer ID
	• obtain both numbers	
	• record both numbers in SCIMS	
	• record the 2 numbers as a combi	ned entity.
Nonresident Aliens	• Obtain permanent ID numbers fr	-
	• "Nonresident alien" for income t software, is the same as "foreign	tax withholding, and in the current individual". * * *

# A Obtain ID Number (Continued)

123 (Withdrawn--Amend. 23)

#### **124** Recording Information for Native Americans

#### A Native Americans Represented by BIA's

BIA regional offices service various individual Native Americans or groups of Native Americans.

**Note:** This paragraph applies only to individual Native Americans or groups of Native Americans on tribal and allotted lands. See subparagraph B for additional information on Indian Tribal Ventures.

Individual Native Americans or groups of Native Americans represented by BIA shall be recorded in SCIMS as a business with no tax ID. The entity type shall be "Indians Represented by BIA". County Offices shall ensure:

- the group of Native Americans represented by BIA with no ID number is recorded in farm and tract maintenance as the operator and/or owner of the farm, as applicable
- the group of Native Americans represented by BIA with no ID number is added to applicable program contract or application
- BIA with ID number 52-1176810 shall **not** be added to any farm, tract, or program contract or application.

When program benefits are issued to Native Americans by BIA, the payment will be issued to ID number 52-1176810. This is an internal process and County Office intervention is not required during the payment process.

#### **B** Native Americans Not Represented by BIA's

Indian Tribal Ventures not represented by BIA must provide a permanent ID number to receive program benefits. Indian Tribal Ventures shall be recorded in SCIMS with an entity type of "Indian Tribal Venture".

**Note:** Individuals of Native American descent that are not part of an Indian Tribal Venture shall be recorded in SCIMS using their Social Security number only if they are applying for monetary program benefits.

•

# 125 ID Numbers for Land Owned by Federal Government Agencies

# A Federal Government Land

This table lists the ID numbers for land owned by Federal Government Agencies that currently reside on the SCIMS database.

Agency		ID Number
Bureau of	Bureau of Indian Affairs	
* * *	* * *	
Bureau of	Land Management	999991101
Bureau of	Reclamation	999991102
Farm Serv	rice Agency	999991103
*Note:	This ID number is <b>not</b> to be used for payment purposes including assignments to FSA. The tax identification number for FSA, CCC, as indicated in 62-FI, subparagraph 47 C (Step 2), should be used with the "E" ID type for all FLP assignments*	
<b>US</b> Forest	Service	999991104
United Sta	tes Army-Army Corps of Engineers	999991105
US Navy-	US Marine Corps	999991106
United States Air Force		999991107
US Fish and Wildlife Service		999991108
Bureau of Prisons		999991109
National Park Service		999991110
Nat'l Aeronautics and Space Administration		999991111
Agricultural Research Service		999991112
Department of Energy		999991113
Federal Deposit Insurance Corp		999991114
Tennessee Valley Authority		999991115
Small Business Association		999991116
US Department of Interior		999991117
Department of Justice		999991118

\* \* \*

#### 125 ID Numbers for Land Owned by Federal Government Agencies (Continued)

#### A Federal Government Land (Continued)

Agency	ID Number
US Dept Housing Urban Development	999991119
EFP	999991200
Disaster Share Balance	999991210
Internal Revenue Service	999991211
Rural Development Agency	999991212
Department of Veterans Affairs	999991213
Commodity Credit Corporation	999991214
Federal Aviation Administration	999991215
Federal Grain Inspection Service	999991216

# **Restrictions:** County Offices are restricted from updating the following customer data fields for all ID numbers listed in this table:

- "Business Name"
- "Business Type"
- "ID Number"
- "Tax ID Type".

#### Changes to these fields are restricted to the National Office only.

**Note:** The Agency titles agree with the titles used in the SCIMS customer database.

#### **B ID** Type for Federal Government

Using the drop-down menu, select "Federal" as the ID type for ID numbers entered for Federal Government Agencies **except** BIA.

#### C Business Type for Federal Government

Using the drop-down menu, select "Federal owned" as the business type for Federal Agencies.

#### **D** Obtaining ID Numbers

Contact State Offices for assistance in obtaining ID numbers from the Common Provisions Branch, PECD for Federal Government Agencies not listed in subparagraph A.

#### 126 (Withdrawn-Am. 39)

#### 127 IRS Identifying Number

#### A IRS Identifying Number

The IRS-assigned identifying number is composed of 9 numeric digits and has an ID type of "I". The first digit is always "9".

Use these IRS-assigned numbers in the same way as Social Security numbers.

Producers who are non-resident aliens and ineligible to obtain a Social Security (ID type "S") number, may be issued an IRS-assigned number (ID type "I") to process FSA payments.

**Note:** See 1-PL for foreign person eligibility determinations.

#### **B** Obtaining IRS Identifying Numbers

To obtain an IRS tax ID number, the producer shall:

- complete IRS form W-7 and return it and any required supporting documents to IRS
- report IRS-assigned identifying number to the County Office.
- **Note:** As a service to producers, County Offices may want to obtain a supply of IRS form W-7 by calling their local IRS office. Order only what is needed, since usage is minimal. Nationally, FSA uses an average of 30 forms per year.

.

A ID Number	ID numbers are used to control payment limitation and for IRS reporting.
B New ID Number	A producer in a bankruptcy status may be issued a new employer ID number in the bankruptcy action. If a new ID number is issued, use the new ID number for FSA payments, and select an entity type code for the entity. See Exhibit 11 for a list of entities and entity type codes.
C Name and Address File	When entering the new ID number in SCIMS, County Offices shall ensure that they enter "Debtor" or "imposition" followed by the business name.
D Farm Producer File	The new "Debtor" or "imposition" ID must also be added to the applicable farm or farms in the farm producer file for the ID to receive benefits as a successor on the farm or farms.
E 2 ID Numbers for a Producer	For a producer using a Social Security number and an employer ID number, or a pre-petition and post-petition ID number, consider the 2 numbers as a combined entity for payment limitation purposes. This includes cases in which the producer is continuing operations after filing bankruptcy.
F Succession in Interest	Because the current software does not recognize a bankruptcy, consider the change from a Social Security number to an employer ID number as a succession in interest in the system.

A Purpose	ID numbers are used:
-	<ul><li>to control payment limitation</li><li>for IRS reporting.</li></ul>
B New ID Number	When a receiver is appointed by a court order, and is given the right to receive FSA payments:
	• the receivership must obtain a new employer ID number
	• use the new ID number for FSA payment purposes
	• an entity type code must be selected for the entity. See Exhibit 11 for a list of entities and entity type codes.
	If a receiver is appointed without the right to receive payments, the receiver can sign for the individual according to paragraph 708.
C Name and Address File	For the name and address file, identify the producer by his or her name followed by the word "Receivership". The address should be the address of the court-appointed receiver.
D Farm Producer File	If the receiver is given the right to receive FSA payments, the new "receivership" ID must be added to the applicable farm or farms in the farm producer file.

Continued on the next page

E Two ID Numbers for a Producer	Consider the Social Security number for the original producer and the employer ID number for the receivership as a combined entity for payment limitation purposes.
F Succession in Interest	Because the current software does not recognize a receivership, consider the change from a Social Security number to an employer ID number as a succession in interest in the system.
G Refer to OGC	Orders appointing a receiver may vary greatly as to what the receiver is to receive.

- Carefully examine these orders to ensure that they cover profits or proceeds of the crops or land involved in FSA programs.
- In all cases where there is any doubt, County Offices shall refer copies of the • "Order Appointing a Receiver" to OGC through the State Office for advice.

A Background	*SSA has provided KC-ITSDO a table of valid ID numbers for "S" and ID type numbers. This table is used to determine whether the ID numbers in the County* Office name and address files are valid.
В	
When ID Numbers Are Validated	In October 1994, all name and address records with an ID type of "S" * * * were matched against the SSA table.
, un un cu	Each time a name and address record with an ID type of "S" * * * is uploaded to KC-ITSDO, it will be matched against the SSA table.
	Bi-annually, all ID numbers that were previously flagged as questionable or invalid will be matched against the SSA table to determine whether the ID number is no longer invalid or questionable.
	<b>Notes:</b> Some pre-existing ID numbers do not appear on the SSA table but are considered valid. These ID numbers have an ID type of "S" and 3 leading zeros in the 9-digit Social Security number. Though these numbers will print out on the Invalid/Questionable Social Security Numbers Report, no corrective action is necessary.
	*ID numbers with a type of "I" (IRS assigned) may appear on the invalid/questionable Social Security numbers report. ID types of "I" are not validated, but questioned if they begin with an "8" or "9". County Office shall verify ID number is correct. No further action is necessary*

Continued on the next page

7-5-02

### 130 Invalid/Questionable Social Security Numbers (Continued)

### **C** Reports

Each time ID numbers are validated according to subparagraph B, a report will be printed, by county, listing the ID numbers that were not found on the SSA table.

KCMG MKP705R1 STATE: 01 -ALABAMA COUNTY: 011-BULLOCK		U.S. DEPARTME FARM SE KANSAS CITY	ERVICE AGEN	ICY	102794001 10-27-	94 PAGE 6
	I NVA	LID/QUESTIONABLE S	GOCIAL SECU	RITY NUMBERS		
	LAST NAME	FIRST NAME	MI	SSN	CODE*	
	SALTS ROBERSON WILLIAMS	WILLIAM SAMUEL JOHN	B J	000801111 S 313072323 S 700089131 S	I I I	
	HALLOWAY	DANIEL	М	900000000 I	Q	
TOTAL RECOR	DS PRINTED:	4				
	"I" - INVALID "Q" - QUESTIONABLE - "N" - NON-NUMERIC SS		DR "9″			

The following is an example of the report.

Notes: The report number will be different, depending on the report being run.

State Offices will receive a summary page listing the total number of records processed for each County Office.

### 130 Invalid/Questionable Social Security Numbers (Continued)

### **D** County Office Action

County Offices shall follow this table for each entry on the report.

IF the ID number is incorrect	THEN follow
and should be changed	subparagraphs 194 B and C to
	change the ID in SCIMS.
should be changed, and a payment in the current	*subparagraph 194 D to change*
year has been made to the customer using the ID	the ID in SCIMS.
number	

### **E** State Office Action

State Offices shall follow up with County Offices to ensure that the corrective action in subparagraph D has been taken.

### 131-140 (Reserved)

### Section 2 Customer and Employee Name and Address File

#### 141 Accessing Name and Address From SCIMS

#### A Purpose

Customer and core data is stored in a central database maintained by ITSD-ADC known as SCIMS. Accessing the name and address for adding, inactivating, reactivating, or viewing customer core data requires accessing SCIMS through the Intranet.

Only authorized **USDA** Service Center personnel may access SCIMS to add, delete, update, or view customer core data.

\*--Note: Only permanent USDA Service Center employees are authorized to access SCIMS. Requests for exceptions for temporary employees or non-USDA personnel must be submitted in writing to the National SCIMS Security Officer.--\*

After a customer's core data has been entered in SCIMS and a legacy link has been established, the core data will download to the AS/400 name and address files in the county where the legacy link has been established.

Note: If a legacy link is not established, the core data will reside only in SCIMS.

### **B** Definitions

<u>Customer core data</u> means name and address data that has been determined to be used by at least 2 of the agencies in the Service Center.

<u>Authorized user</u> means USDA Service Center employees who have been certified to have received sufficient training commensurate with their requested role in the use of SCIMS on AD-2017 by their respective agency's State or County SCIMS Security Officer and have been processed through FSA security operations by their respective agency's State SCIMS Security Officer.

### C Requesting Access to SCIMS Through FSA Security Operations

\*--Service Center employees shall request access to SCIMS through their respective agency State SCIMS Security Officer (See Exhibit 11.5).

State SCIMS Security Officers shall be responsible for requesting access to SCIMS for their respective employees. Requests shall be submitted to FSA Security Operations through the State Security Liaison Representative on AD-2017 by completing the required entries according to Exhibit 11.4.

Notes: AD-2017 will also be used for requesting PYBC change authority. See Exhibit 11.4.

See Exhibit 11.5 for a list of State SCIMS Security Officers for FSA, NRCS, and Rural Development.

### AD-2017:

- is required and is the only official form for requesting access to SCIMS and requests for PYBC changes
- is required to certify that users have received adequate training commensurate with their requested access role
- shall be FAXed to FSA Security Operations when both requesting access and revoking access to SCIMS--\*

Note: The FSA Security Operations FAX number is 816-627-0687.

- shall be maintained by the respective State SCIMS Security Officer
- shall be used to document "Revocation of Authority" by completing Part C.

\* \* \*

### **D** Accessing SCIMS

SCIMS applications shall be accessed through IE using CCE equipment. Open IE, type <u>http://intranet.fsa.usda.gov/fsa</u> in the address field, and PRESS "Enter".

### **E** FSA's Intranet Homepage

FSA's Intranet Homepage will be displayed. CLICK "FSA Applications" and CLICK "SCIMS" under Common Application Menu.

USDA United States Department of Agriculture	
Farm Service Agency (FSA) Intranet	Friday April 13, 2007

**Note:** NRCS employees will use the My NRCS website to access SCIMS. The My NRCS website is located at <u>https://my.nrcs.usda.gov/nrcs.aspx</u>. On the Homepage, CLICK "Field Office Tools" tab and then select the "Customers" SCIMS link.

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### \*--E FSA's Intranet Homepage (Continued)

USDA's eAuthentication Warning Screen will be displayed. CLICK "Continue".

US	United States Department of Agriculture USDA eAuthentication
	Password - C
	Home About eAuthentication Help Contact Us Service (
	*****************WARNING**************
	This is a United States Department of Agriculture computer system, which may be accessed and used only for official Government business (or as otherwise permitted by regulation) by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action. All information on this computer system may be intercepted, recorded, read, copied, and disclosed by and to authorized personnel for official purposes, including criminal investigations. Access or use of this computer system by any person, whether authorized or unauthorized, constitutes consent to these terms.
	***************WARNING***************
	Cancel Continue
	<b></b> *

\* \* \*

#### **F** eAuthentication Login Screen

After users CLICK "Continue" on the eAuthentication Warning Screen, the eAuthentication Login Screen will be displayed as follows.

USDA United States Department				
Password - C				
	Home About eAuthentication Help Contact Us Find an LRA			
Quick Links What is an account?	eAuthentication Login			
<ul> <li>Create an account</li> <li>Update your account</li> </ul>	Login with my User ID and Password			
Administrator Links	User ID: chris.hunt			
Local Registration Authority Login	Forgot your User ID?			
	Password: •••••••• Forgot your Password?			
Change My Password				
Login				

Enter eAuthentication user ID and password and CLICK "Login".

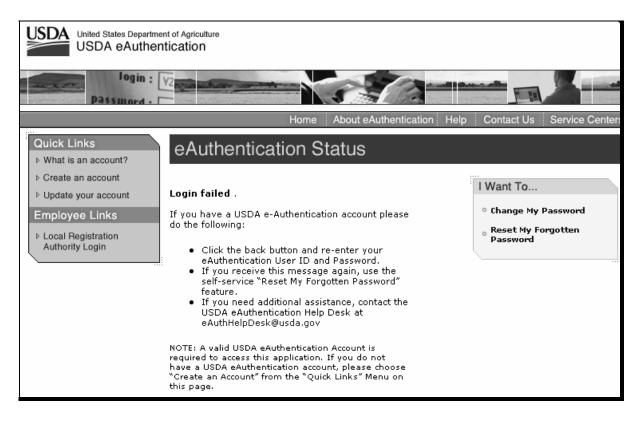
If the user does **not** have authority to access SCIMS, the following screen will be displayed. Contact State SCIMS Security Officer for assistance.



--\*

#### **F** eAuthentication Login Screen (Continued)

If the user does not have an eAuthentication account, the following screen will be displayed. Follow the instructions on the screen.



### F eAuthentication Login Screen (Continued)

\*--Once a user has successfully completed the eAuthentication Login and cleared the SCIMS security profile, the software shall default to the SCIMS Customer Search Page as follows.

IF the user is	THEN the Customer Search Page will default to
associated with a single	user's respective State, County, and Service Centers linked to
Service Center	county
associated with multiple	Service Center and respective County with the lowest numbered
Service Centers	organizational unit within user's respective State.
a State Office employee	Service Center and respective County with the lowest numbered
	organizational unit within user's respective State.
a National Office	State, Service Center, and respective County with the lowest
employee	numbered organizational unit within the entire SCIMS database.
not assigned to a	the following error message:
specific office	
	"According to your security profile you do not have an assigned
	office ID in EAS. Please contact your State SCIMS security
	officer per 1-CM, Exhibit 11.5."

**Note:** Service Center drop-down menu shall default to respective FSA Service Center 1st, as applicable.

After successful login to SCIMS, the following Customer Search Page will be displayed. See paragraph 175 for customer search instructions.--\*

Service Center Informat	ion Management System	SCIM
- <b>K</b>		A A A A A A A A A A A A A A A A A A A
SCIMS Home A	bout SCEMS Help Handbook	s Exit SCIMS Logout of eAut
15 Menu ential Duplicate	SCIMS Custo	omer Search
ort tomer Data Listing		
orts Sele	ct a Service Center	
	State: GEORGIA	
	County: DODGE	2
	Service EASTMAN SERVICE CENTE	an 💌
	National Search	
	Service Center Detail	3
	Type: O Individual O Business @	Both
	Active: Active 🗹 Active and Inac	tive 🗆
	Name: OStarts With @Exact Ma	itch
	Last or	
	Business:	
	First:	
	Tax Id: @Who	le Id 🔿 Last 4 Digits
Tas	Id Type: Select One 💌	
	Common	
	Name:	
4	tip Code:	
P	hone No:	

### F eAuthentication Login Screen (Continued)

When exiting SCIMS, **always** click either "**Exit SCIMS**" or "**Logout of eAuth**" at the top of the screen.

**Note:** Never exit SCIMS from the "Close Box" (Red "X" in the upper right-hand corner of the screen on the blue Microsoft Internet Explorer blue banner) or clicking the "Home" button on the tool bar. Exiting from the "Close Box" or "Home" button will lock-out other users from accessing the last customer accessed for 1 hour. If SCIMS is inadvertently exited from the "Close Box" or "Home" button, user shall **immediately** re-access the applicable record and click either "**Exit SCIMS**" or "**Logout of eAuth**" at the top of the screen.--\*

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### 142 Accessing Name and Address From AS/400 Menu MACI00

#### **A** Introduction

Menu MACI00 provides options to changing and creating records for transmitting producer and employee name and address records.

Note: The customer must first be added through SCIMS.

### **B** Accessing Software

From Menu FAX250, access Menu MACI00 according to the following table.

Step	Menu	Action	
1	FAX250	ENTER "3" or "4", "Application Processing", as applicable, and PRESS "Enter".	
	<b>F</b> + <b>X</b> / 0 0 0 0		
2	FAX09002	Enter the appropriate county, if applicable, and PRESS "Enter".	
3	FAX07001	ENTER "9", "Common Provisions", and PRESS "Enter".	
4	MA0000	ENTER "2", "Producer Name and Address Maintenance", and PRESS	
		"Enter". Menu MACI00 will be displayed.	

### C Example of Menu MACI00

Following is an example of Name/Address Selection Menu MACI00.

COMMAND Name/Address Selection	MACI00 Menu	F1
2. 3.	Change or View Select for Individual Record Transmission Name/Address Reports COC/LAA Change	
23. 24.	Return to Application Selection Menu Return to Primary Selection Menu	
* option not availa	able Cmd3-Previous Menu	
Ready for option number	r or command	

### 142 Accessing Name and Address From AS/400 Menu MACI00 (Continued)

### **D** Adding or Changing Data

Option	Display	Use of Option	Reference
"1", "Change or	Screen MACI1001	Change or view supplemental	Part 8
View"	will be displayed.	name and address data.	
"2", "Select for	Screen MAB01001	Transmit individual name and	
Individual Record	will be displayed.	address record to KC-ITSDO.	
Transmission"			
		Note: Only use upon request	
		from KC-ITSDO.	
"3", "Name/Address	Menu MAB100 will	Access name and address reports.	Part 13,
Reports"	be displayed.		Section 1
"4", "COC/LAA	Menu MAB011 will	Update COC and LAA data in	Part 13,
Change"	be displayed.	the name and address file.	Section 2

Follow this table to add or change data.

### 143-152 (Reserved)

### Part 7 Adding Name and Address Records to SCIMS

### Section 1 Data Migration

### **153** Migration From AS/400 to SCIMS

#### **A** Introduction

As part of the deployment of SCIMS, FSA name and address records from all counties were uploaded to KC-ITSDO for processing. During processing, the name and address records were converted to the SCIMS format and used to populate the SCIMS database.

### **B** Initial Migration and Conversion

During migration from the AS/400 to SCIMS, certain name and address data was validated for correctness, and if necessary, converted to the SCIMS format. Exhibit 12 shows:

- the name and address fields that were converted during migration to SCIMS
- an explanation of the change.

### **C Duplicate Customers**

Screening for duplicate customer records that reside in the same or more than 1 county was performed during the initial processing. Records that were identified as duplicate were reconciled, if possible, and downloaded to each county where the record resided. Duplicates that could not be reconciled were flagged as potential duplicates and must be reconciled by Service Center personnel.

Process the duplicate report by:

- accessing SCIMS according to paragraph 141
- clicking on "Reports"
- selecting a State and Service Center
- clicking on "Generate Report"
- printing the report from the browser's "Print" option.

\*--County Offices shall resolve duplicates according to paragraph 154.--\*

### 153 Migration From AS/400 to SCIMS (Continued)

### **D** Supplemental Data

Supplemental data resides on the local AS/400 and is not accessible through SCIMS. This data can only be accessed and changed in the AS/400 by the County Office that enters the data.

See paragraphs 207 through 212 for entering or updating supplemental data.

### A SCIMS Potential Duplicate Process

During the SCIMS migration process, customer records were compared to determine whether the customer has potential duplicate records. The potential duplicate process compares customer data that matches other customers, but is not determined an exact match. Not all customers identified as potential duplicates will be duplicates.

# Counties shall keep in mind that properly resolving duplicates is a very important process in the success of SCIMS.

### **B** Individual Counts

Individual customer data is compared to other individual customers to determine whether the following data matches:

- last name
- first name
- suffix
- 5-digit ZIP Code.

### **C** Business Criteria

Business customer data is compared to other business customers to determine whether the following data matches:

- business name
- 5-digit ZIP Code.

### **D** Identification Number Criteria

In a separate comparison, the migration process compared individuals and businesses to determine whether only the ID number matches regardless of any other criteria.--\*

### **155 Potential Duplicate Report**

#### \*--A Accessing the Potential Duplicate Report--\*

The Potential Duplicate Report lists all potential duplicates that have been identified for every County Office. The Potential Duplicate Report is on the SCIMS web site and can be generated and printed as many times as necessary until all duplicates have been resolved. The potential duplicate's resolution process should be completed as soon as possible when contacted by the State SCIMS officer and/or when the user receives the yellow banner message stating, "The selected Service Center has **Potential Duplicates** which need to be resolved. Please print the Potential Duplicate report.", as follows.

**Note:** Duplicates that have been resolved will **not** be removed from the report until the next workday.

\* \* \*

County Offices shall access and print the Potential Duplicate Report for their county according to the following.

Step	Action	
1	Access SCIMS web site according to paragraph 141.	
2	On the Customer Search Page, CLICK "Potential Duplicate Report".	
3	Select applicable State and Service Center for Potential Duplicate Report.	
4	CLICK "Generate Report".	
5	*At the bottom of the report, CLICK "Print This Page".	

USDA United States Department of Agricultur Service Center Informatio		SCIMS
SCIMS Home Abo	ut SCIMS   Help   Handbooks	Exit SCIMS Logout of eAuth
CIMS Menu Potential Duplicate Report	SCIMS Custor	ner Search
Customer Data Listing	a Service Center	
	State: GEORGIA	×
c	county: OCONEE	
	Service MONROE SERVICE CENTER	×
	National Search	
	Service Center Details	
т	he selected Service Center has Po to be res Please print the <b>Potenti</b>	olved.

### **155 Potential Duplicate Report (Continued)**

### \*--A Accessing the Potential Duplicate Report (Continued)

USDA	SCIMS
	Potential Duplicate Report
Pleas State:	GEORGIA
Service Center:	MONROE SERVICE CENTER
	د *

### **B** Examples of the Potential Duplicate Report

This is an example of the Potential Duplicate Report that the county will be dispatched.

JSDA							SC	IMS
		Pot	ential	Duplicate Custo	omer Report			
	Based	on selecte	d Serv	vicing Site: MONR	DE SERVICE C	ENTER		
	PO	TENTIAL	DUPL	ICATE REPORT	- INDIVIDU	ALS		
Tax Id/Type	Last Name	First Name	Name Suffix	Delivery Address Li	ne City	State	ZIP	Legacy St/Cty
	9 PETERS	KENNETH		2496 PANNELL RD	MONROE	GA	30655	NRCS
				2496 PANNELL RD	MONROE	GA	30655	13/297
1	4			3522 HESTERTOWN RD	MONROE	GA	30655	13/297
	PC	TENTIAL	DUP	LICATE REPOR	Γ - BUSINESS	ES		
Tax Id/Type	Business Ty	pe Business	5 Name	Delivery Address	s Line City	State	ZIP	Legacy St/Cty
			N	O DUPLICATES FOUND.				
	POTE	NTIAL DU	PLIC	ATE REPORT - N	MATCHING T	AX IDs		
Tax Id/Type	Business Type	Last/Busines Name	First Na		Address City	State	ZIP	Legacy St/Cty
				IPLICATES FOUND. /29/2009 8:20:21 AN	1			
							rint this Close W	

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### \*--156 Resolving Potential Duplicates

### A Resolving Duplicates on the Potential Duplicate Report

County Offices shall use the printed Potential Duplicate Report to assist in resolving potential duplicates in their own county as well as potential duplicates in which they are the control county.

**Important:** The duplicates shall be resolved on the printed Potential Duplicate Report before accessing the customers in SCIMS.

County Offices shall not:

- merge more than 15 potential duplicate records at 1 time
- attempt to resolve potential duplicates for Federal Government agencies, as well as BIA's listed with the 52-1176810 TIN.

CED shall notate and certify on the printed Potential Duplicate Report the necessary corrective action before accessing SCIMS to resolve the duplicate. The Potential Duplicate Report shall be kept indefinitely.

In most cases, County Office personnel shall select the customer record that has the correct ID number even if other customer data is incorrect. Data from other merged records will complete data that is not contained in the record that is chosen. Additional data may be added or changed after the records are merged by accessing the record in SCIMS and making the changes.--\*

### \*--156 Resolving Potential Duplicates (Continued)

### **B** Resolving Duplicate Responsibilities

County Offices:

- shall work with other County Offices listed on the report to ensure proper resolution of potential duplicate customers
- may print a list of customers in which they are the control county according to 2-PL, paragraph 129.

The following table outlines who has primary responsibility for resolving duplicate customers listed on their report.

IF the potential duplicate customer on the	THEN the duplication shall be
report is in	resolved by
only 1 county	county where the duplicate resides.
more than 1 county and there is a control county	control county.
for the customer	
more than 1 county, but is not multi-State, and	county with the lowest county code.
there is not a control county for the customer	
more than 1 county and State, and there is not a	county with the lowest State and county
control county for the customer	code.

--\*

### **156** Resolving Potential Duplicates (Continued)

### C Resolving Duplicate Customers in SCIMS

After resolving the potential duplicate on the printed report, access the customer in SCIMS according to following table.

**Note:** If the County Office experiences problems trying to resolve a duplicate customer, contact the State Office SCIMS Security Officer before making any attempts to resolve a duplicate. State Offices may contact PECD, CPB at 202-720-3464 for assistance in resolving the duplicate. Resolving a duplicate improperly may result in the customer's record being permanently removed when merged. ITSD-ADC cannot reset the record. Users should select "Cancel" and resolve the duplicate at a later time if they are uncertain.

not before. The master record should be left as unchecked as all the other records are merged.       record added with 555555555. The 555555555 is eventually deleted when the final merge with the correct master record with tax ID 123456789 is completed.         Note: When the first set of records are merged, the subsequent set will display with the master record at the bottom and should be left unchecked.       The user must select "OK" to resolve the duplicates when prompted or select "Cancel" to access the customer's record.         Select each customer that has been determined to be a duplicate by clicking on the box marked "Merge", and click the "OK" button.       The user will be asked, "Are you sure you want to merge these customers?"         • Select "OK" to merge customers.       • Select "Cancel" to return to merge page.         If "OK" was selected, selected customer or customers will be merged with the customer that has been selected to keep.         Note: The customer not selected is still flagged as a Potential Duplicate so that the customer can be	Step	Action	Result
<ul> <li>merged, users shall ensure that the selected customer record that needs to be preserved is used as the master in the final merge and not before. The master record should be left as unchecked as all the other records are merged.</li> <li>Note: When the first set of records are merged, the subsequent set will display with the master record at the bottom and should be left unchecked.</li> <li>The user must select "OK" to resolve the duplicates when prompted or select "Cancel" to access the customer's record.</li> <li>Select each customer that has been determined to be a duplicate by clicking on the box marked "Merge", and click the "OK" button.</li> <li>Select "Cancel" to records are displayed.</li> <li>Select "Cancel" to resolve the duplicate by clicking on the box marked "Merge", and click the "OK" button.</li> <li>Select "Cancel" to result the selected customer select displayed.</li> <li>Select "Cancel" to record at the out of the box marked "Merge", and click the "OK" button.</li> <li>Select "Cancel" to result the selected customer or customers.</li> <li>Select "Cancel" to result the selected customer not selected is still flagged as a Potential Duplicate so that the customer can be</li> </ul>		kept according to paragraph 175.	duplicates. The user will be asked, "Do you want to resolve duplicate at this time?"
merged, the subsequent set will       display with the master record at the bottom and should be left unchecked.         3       The user must select "OK" to resolve the duplicates when prompted or select "Cancel" to access the customer's record.       The selected customer and potential duplicates will be displayed.         4       Select each customer that has been determined to be a duplicate by clicking on the box marked "Merge", and click the "OK" button.       The user will be asked, "Are you sure you want to merge these customers?"         •       Select "OK" to return to merge page.       If "OK" was selected, selected customer or customers will be merged with the customer that has been selected to keep.         Note:       The customer not selected is still flagged as a Potential Duplicate so that the customer can be	2	merged, users shall ensure that the selected customer record that needs to be preserved is used as the master in the final merge and not before. The master record should be left as unchecked as all the other records are merged.	tax ID's will be created and deleted as you merge them. The first merge keeps a tax ID of 555555555, the other records' tax ID's are attempted to be deleted, and a new record added with 555555555. The 5555555555 is eventually deleted when the final merge with the correct
duplicates when prompted or select "Cancel" to access the customer's record.       displayed.         4       Select each customer that has been determined to be a duplicate by clicking on the box marked "Merge", and click the "OK" button.       The user will be asked, "Are you sure you want to merg these customers?"         •       Select "OK" to merge customers.       •         •       Select "Cancel" to return to merge page.         If "OK" was selected, selected customer or customers will be merged with the customer that has been selected to keep.         Note:       The customer not selected is still flagged as a Potential Duplicate so that the customer can be		merged, the subsequent set will display with the master record at the bottom and should be left unchecked.	
<ul> <li>determined to be a duplicate by clicking on the box marked "Merge", and click the "OK" button.</li> <li>Select "OK" to merge customers.</li> <li>Select "Cancel" to return to merge page.</li> <li>If "OK" was selected, selected customer or customers will be merged with the customer that has been selected to keep.</li> <li>Note: The customer not selected is still flagged as a Potential Duplicate so that the customer can be</li> </ul>	3	duplicates when prompted or select	
	4	determined to be a duplicate by clicking on the box marked "Merge", and click the	<ul> <li>Select "OK" to merge customers.</li> <li>Select "Cancel" to return to merge page.</li> <li>If "OK" was selected, selected customer or customers will be merged with the customer that has been selected to keep.</li> </ul>

### **156** Resolving Potential Duplicates (Continued)

### **D** Correcting Customer Records

After resolution of a potential duplicate, County Office personnel may need to correct the customer's AS/400 records. Since the resolution process will merge customers into one, any merged tax ID number that was active on a farm or in a program will need to be made inactive in the county's AS/400. If the merged ID's were not active on a farm or in a program, then the merge process will automatically move ID to "Delete" status.

**Example:** A potential duplicate customer's name and address resides in 2 County Office's AS/400. In one county, the customer is in the AS/400 name and address file and on all farm records with a permanent tax ID number. In the other county, the customer is in the AS/400 name and address file and all farm records using a temporary tax ID number. A determination is made to merge the customer using the permanent ID number. After merging, the county where the temporary ID number was being used will have to delete the temporary ID from all customer records and programs in the AS/400 and add the permanent ID number. The temporary ID will remain on the name and address file in the county where it resided as "Pending Delete" until completion of 2 full farm record rollovers. KC-ADC will then move ID to "Deleted" status in the AS/400.

### **E** Not Resolving Potential Duplicates for Federal Government Agencies and BIA's

County Offices shall **not** resolve potential duplicates for Federal Government agencies, as well as BIA's listed with the 52-1176810 Tax ID Number.

\* \* \*

157-163 (Reserved)

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### 164 Screen Flow for Customer Search Options

A Screen Flow Chart	The following is a screen flow chart for adding a customer or an employee to the name and address file in the AS/400.
	Access SCIMS through the Intranet according to paragraph 141.
	Search for a customer by type of customer and by name, tax ID, or other according to:
	<ul> <li>subparagraph 175 D for the selected site</li> <li>subparagraph 175 E for a national search.</li> </ul>
	If customer is located on the SCIMS database, add to county's name and address file by selecting:
	<ul> <li>program participation according to subparagraph 179 H</li> </ul>
	• legacy link according to subparagraph 179 I.
	If customer cannot be located in the SCIMS database, add according to paragraph 176 or 178.

### 165-174 (Reserved)

•

#### Section 3 Automated Procedures for Adding Records

#### 175 Customer Search in SCIMS

#### A Purpose

To prevent duplicate entry of customer core data, SCIMS requires a search for the customer before adding the customer to the database. The search should first be conducted in the selected Service Center. If the customer cannot be located, then conduct a national search.

#### **B** Accessing SCIMS

Access SCIMS according to paragraph 141 to do a customer search.

### C Search Criteria

Search for a customer by both of the following:

- 1 of the following types:
  - individual
  - business
  - both (default)
  - active (default)
  - active and inactive
- any of the following criteria:
  - name:
    - starts with
    - •\*--exact match (default)--\*
    - last or business name
    - first name

### C Search Criteria (Continued)

- tax ID:
  - ID number
  - ID type
  - whole ID
  - •\*--last 4 digits of ID

Note: The last 4-digit search does not function for "National Search".--\*

- other
  - common name
  - ZIP Code
  - telephone number.

After entering the search criteria, CLICK "Search".

To clear the page of entered data, CLICK "Reset".

**Notes:** Searching by an initial or the first few letters of a name will locate all names starting with that letter or letters. For example, entering "mi" in the "First Name" field will locate "Michael" as well as "Mike".

The search process is sensitive to spaces in a name. For example, searching for the last name of "De Jong" will not locate "DeJong".

### **D** Customer Search in Local Service Center

Search for a customer at the local Service Center level first. When using broad search criteria, such as the last name of Jones, a maximum of 100 customers with similar matching data will be displayed. If necessary, refine the search criteria to narrow the search.

If the customer is not found in the local Service Center, perform the search by selecting either of the following:

- "All Service Centers" in the Service Center drop-down box
- "National Search".

#### **E** National Customer Search

When the user selects "National Search" and enters sufficient search data for the customer, SCIMS searches all name and address records on file in the database for the customer. The same criteria used for a State and local search is used for the national search.

**Note:** When using broad search criteria, such as the last name of Jones or the same ZIP Code, a maximum of 100 customers with similar matching data will be displayed. If the customer is not located, the user shall enter additional customer data to attempt to locate the customer before adding.

#### F Example of SCIMS Customer Search Screen

This is an example of the SCIMS Customer Search Screen.

Note: User may search by specific "County" and/or "Service Center". To perform a State search, user must select "All Counties" **and** "All Service Centers" for the State.

United States Department		ement Syste	m		SCIMS
SCIMS Home	About SCIM	IS Help	Handbooks	Exit SCIMS	Logout of eAuth
SCIMS Menu Potential Duplicate Report		S	CIMS Custom	er Search	
Customer Data Listing Reports	Select a Servi	ce Center			
	State:	GEORGIA		~	
	County:	DODGE		~	
	Service Center:	EASTMAN S	ERVICE CENTER		~
		National 9	Search		
		Service	e Center Details		
		Search	Reset		

To view the details of the selected Service Center, CLICK "Service Center Details". The following data will be displayed:

- site name
- site address
- agencies serviced by the Service Center
- telephone number.

### F Example of SCIMS Customer Search Screen (Continued)

\*--The Customer Search Page provides the following options:

- "SCIMS Home"
- "About SCIMS"
- "Help"
- "Handbooks"
- "Exit SCIMS"

- "Logout of eAuth"
- "Potential Duplicate Report"
- "Customer Data Listings"
- "Search"
- "Reset".
- **Note:** As additional SCIMS options are developed, they will be accessed by clicking the applicable option.

When exiting SCIMS, **always** click either "**Exit SCIMS**" or "**Logout of eAuth**" at the top of the screen.

**Note:** Never exit SCIMS from the "Close Box" (Red "X" in the upper right-hand corner of the screen on the blue Microsoft Internet Explorer blue banner) or clicking the "Home" button on the tool bar. Exiting from the "Close Box" or "Home" button will lock-out other users from accessing the last customer accessed for 1 hour. If SCIMS is inadvertently exited from the "Close Box" or "Home" button, user shall **immediately** re-access the applicable record and click either "**Exit SCIMS**" or "**Logout of eAuth**" at the top of the screen.--\*

### G Example of SCIMS Search Customer Search Results Screen

This is an example of the SCIMS Search Customer Search Results Screen. In the "Common Name" column, click the customer's name to access.

	nited States Department of ervice Center Info			anagement	System				SC	
					<u> </u>	Sector Se			M	à 🛯
	SCIMS Home	Ab	out S	CIMS	Help 📋	Handl	books Ex	it SCIMS	Logo	ut of eAut
CIMS Me	nu			S	CIMS C	ustor	ner Searc	h Results		
Customer	Search				01010	astor		Tresults		
Add Custo	omer					ed E4	ASTMAN SI	ERVICE CI	ENTEI	R
		Sele	ct a	Custom	er:	Tax				Legacy
		A/1	Dup	Common Name	Tax ID	ID Type	Delivery Address Line	City, State ZIP Code	Phone No	State / County
		A	N	JONES		Ņ	1421 OLD DODGE HIGH RD	EASTMAN, GA 31023 - 2541		GEORGIA / DODGE
			ы		İ	1 .	i		· · · · · · · · · · · · · · · · · · ·	
		A	<u>N</u>	JONES		<u>.s</u>	PO BOX 453	EASTMAN, GA 31023 - 0453		GEORGIA / DODGE
		A		JONES		<u>s</u>	PO BOX 453			GEORGIA / DODGE GEORGIA / DOOLY

### H Example of No Records Available Screen

This is an example of the No Records Available Screen.

United States Dep Service Cen		griculture nation Manager	ment System	1		SCIMS
	7		<u>+</u>		and the second	
SCIMS H	ome	About SCIMS	Help	Handbooks	Exit SCIMS	Logout of eAuth
SCIMS Menu Customer Search Add Customer					earch Results	
			Notecon	us are available	e for this search	
				Add New Cust	omer	
				Search Aga	ain	
						%

From this page, the user may elect to add a new customer or return to the Search Page.

**Note:** Search criteria from previous search will be displayed on Customer Search Page when user elects to search again.

\* \* \*

### 176 Adding Customers to SCIMS

### A Purpose

Customer data that is not in the SCIMS database shall be added according to this paragraph and paragraphs 177 through 179. Sufficient customer core data is required to add a customer. If sufficient data is not entered, a download to the AS/400 name and address files will not occur.

#### **B** Type of Customer

The customer shall be added as either of the following:

- "Individual"
- "Business".

## This is an example of the Add Customer Screen.

United States Department of Service Center Info	f Agriculture ormation Managem	ent Systen	n		SCIMS
		4			
SCIMS Home	About SCIMS	Help	Handbooks	Exit SCIMS	Logout of eAuth
SCIMS Menu Customer Search Add Customer			Customer Se Add a New Cus t customer type Individual	from below.	
			Business		*

### 176 Adding Customers to SCIMS (Continued)

### **C** Entering Identification Data

Screens for adding a customer are different depending upon whether the add customer selection is "Individual" or "Business".

The optional and required fields for core customer data for:

- an individual are described in paragraphs 177 and 179
- a business are described in paragraphs 178 and 179.

\*--Note: Required fields for core customer data are marked with an asterisk.--\*

Service Centers shall obtain sufficient information about the customer to create a complete record for downloading to the AS/400.

Obtaining information that is considered optional about the customer is encouraged as long as the customer is willing to provide the information. In no case is the optional data required, except as noted for FLP customers.

### **177** Entering Customer Core Data for an Individual

### A Selecting an Individual

This is an example of the Add A New Individual Customer Screen.

*					
United States Department of Service Center Inf	of Agriculture ormation Manageme	ent Systen	n		SCIMS
		1			
SCIMS Home	About SCIMS	Help	Handbooks	Exit SCIMS	Logout of eAuth
SCIMS Menu Customer Search		Add A	New Individu	ial Customer	
	Please er	nter the re	equired informatio	on to add a new (	Customer.
	Tax Id:				
	Tax Id Type:	No Tax Id	~		
	* Last Name:				
	* First Name:				
	Name Suffix:	Select On	e 💌		
	* ZIP Code:				
		Add	Reset		

After selecting an individual, the following information may be added.

Field	Required		Valid Entry			
Tax ID		Customer's Social Security number, EIN, or TIN; <b>required</b> if the customer wants to receive monetary benefits. If an ID number is <b>not</b> entered and the customer is linked to a county, a customer ID will be assigned by SCIMS. *Notes: Do <b>not</b> change tax ID if they were ever an FLP				
		customer without notifying FLP* Assigned customer ID will <b>not</b> be displayed in SCIMS.				
Tax ID		IF an ID number	THEN click the drop-down menu to			
Туре		is	select			
		entered	"IRS Number" or "Social Security Number".			
		not entered	"No Tax Id".			
Last Name	Х	Customer's last name.				
First Name	Х	Customer's first na	me.			

### 177 Entering Customer Core Data for an Individual (Continued)

Field	Required	Valid Entry
Name Suffix		Use the drop-down menu to select 1 of the following suffixes:
		• "JR"
		• "SR"
		• "I"
		• "II"
		• "III"
		• "IV"
		• "V"
		• "DDS"
		• "DVM"
		• "MD".
ZIP Code	Х	The customer's ZIP Code is required (for mailing address).
		Note: To add a customer with a foreign address that contains alphanumeric characters in the ZIP Code, a 5-digit number using the County Office's respective ZIP Code *will initially have to be entered to continue to the* Enter Customer Data Page. The "ZIP Code" field will not accept alphanumeric characters.

### A Selecting an Individual (Continued)

After the data in this subparagraph is entered, CLICK "Add". To clear the fields entered without adding, CLICK "Reset".

If a "potential duplicate" message is received, see paragraph 192 for resolving the potential duplicate.

### 177 Entering Customer Core Data for an Individual (Continued)

#### **B** Entering Additional Customer Data

Customer information entered on the previous page is brought forward to the Customer Information Screen. Additional customer data is entered according to the table in this subparagraph. Sufficient customer data should be entered to easily identify the customer.

This is an example of the Customer Information Screen.

United States Department of Agriculture Service Center Information Management System			SCIMS
SCIMS Home About S	CIMS Help Handbooks	Fuit COM	
SCIMS Menu	e Types     Disabilities     Add ddresses     Notes     Program   Bottom	<u>Participation</u> 	one Numbers
Customer Information			
Common Name: * Customer Type:		Tax Id: Tax Id Type:	No Tax Id
* Last Name:	SMITH	Prefix:	None 💌
* First Name:	MATHEW		None 🛩
Middle Name:		* Legal Name:	Yes 🗹 No
* Gender:	Male 💙	Birth Date:	Ex:mm/dd/yyyy
* Gender Determination:		Birth Date Determination:	Select One 💌
Citizenship Country:		Marital Status:	Unknown N/A 💌
Veteran:	Unknown or N/A 💌		
* Voting District:	WEST VIRGINIA	* 02	
Receive Mail Indicators:		Language Preference:	English 💌
Limited Resource Producer:		Employee Type:	Not an Employee 💌
Resident Alien:		* Ethnicity:	Not Hispanic or Latino 💌
Inactive Customer Indicator:		* Ethnicity Determination:	Employee Declared 💌

The options on the navigation bar at the top of this page may be used to access the information sections described in paragraph 179. Clicking "Bottom" will take the user to the very bottom of the page where the "Submit" and "Reset" buttons are located as described in subparagraph 179 K.

## **B** Entering Additional Customer Data (Continued)

The following table lists additional customer data elements. Some entries are required to create the core data in SCIMS.

Field	Required	Valid Entry
Common	•	The common name will download to the AS/400.
Name		
		<b>Examples:</b> Robert Smith is known as Bob Smith.
		Jerry Saar DBA Saar Ranch.
		Note: If left blank, the customer's first name, middle initial,
		and last name and suffix will default. However, the
		common name can be changed.
Customer		Individuals may be changed to a business with a Social Security
Туре		number for only the following:
		* * *
		•*LLC's (paragraph 178.6)
		<ul> <li>revocable trusts (paragraph 178.8)*</li> </ul>
Middle Name		Enter either the customer's complete middle name or an initial.
Gender	Х	Use the drop-down menu to select the gender of the customer.
Gender	Х	To indicate how the gender of the customer was determined,
Determination		use the drop-down menu to select either of the following:
Code		
		• "Customer Declared" indicates verbal information directly
		from the customer or submission by the customer on a
		standard disclosure form
		• "Employee Declared" indicates an unsubstantiated
		judgment or information obtained through a third party.
Citizenship	Х	The citizenship of the customer:
Country		
		defaults to "United States"
		• may be changed by selecting a country from the drop-down
		menu.
Veteran		The veteran status of the customer:
		• defaults to "Unknown or N/A"
		• may be changed by selecting from the drop-down menu.
		<b>Note:</b> An entry of "Y" or "N" is required for FLP
		customers.

Field	Required	Valid Entry	
Receive Mail Indicators	Kequirea	<ul> <li>The receive mail indicators:</li> <li>default to blank</li> <li>must be checked if the customer has requested to receive mail from applicable agency.</li> <li>*Notes: Receive Mail "Electronically" applies to all agencies that have "Receive Mail" checked. If Receive Mail Indicator; "Electronically" is checked, customer must have a "Primary" e-mail address recorded in the "E-Mail Address" field*</li> <li>The FSA receive mail indicator is downloaded to all counties for a customer. However, during the SCIMS download, the AS/400 only updates the receive mail indicator if it is a new customer. Any subsequent updates to the receive mail indicator would need to be made on the System 36 through Name and Address Maintenance.</li> </ul>	
Limited Resource Producer		Name and Address Maintenance.         To indicate the limited resource producer status, use the drop-down menu to select 1 of the following:         • "Yes"         • "No" (default)         • "Unknown".         Note: See Exhibit 2 for definition of "limited resource producer" before updating this field.	
Resident Alien		To indicate the resident alien status, use the drop-down menu to select 1 of the following: • "Yes" • "No" • "Unknown or N/A" (default).	

Field	Required	Valid Entry
Inactive Customer Indicator		To indicate activity status of customer, use the drop-down menu to select either of the following:
		• active record
		• inactive record.
		Notes: Active record must have at least 1 active program participation, including FLP, and at least 1 active address. FSA program participation must have at least 1 legacy link.
		<b>Inactive record</b> must have all active program participation deleted and inactive customer program participation must be added. FSA program participation must have all legacy links deleted. "Inactive date" will display date and time customer's inactive record was established below the "inactive customer indicator".
		Do <b>not</b> inactivate a customer in SCIMS until <b>all</b> benefits are issued and <b>all</b> program participation, including FLP, is complete.
		*Do <b>not</b> inactivate customers if they were <b>ever</b> FLP customers without consulting FLP*
		If <b>multi-county customer</b> , do <b>not</b> inactivate without consulting with other County Offices with existing legacy links, including FLP.
		If <b>multi-agency customer</b> , user shall not activate or inactivate other agencies' customers unless authorized by the respective agency.

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Field	Required	Valid Entry
Prefix		<ul> <li>Defaults to "None".</li> <li>Use the drop-down menu to select 1 of the following:</li> <li>"DR"</li> <li>"MISS"</li> <li>"MR"</li> <li>"MRS"</li> <li>"MS"</li> <li>"REV".</li> </ul> Note: This data is required for FLP customers.
Suffix		<ul> <li>Defaults to "None".</li> <li>Use the drop-down menu to select 1 of the following:</li> <li>"JR"</li> <li>"SR"</li> <li>"I"</li> <li>"II"</li> <li>"II"</li> <li>"III"</li> <li>"IV"</li> <li>"V"</li> <li>"DDS"</li> <li>"DVM"</li> <li>"MD".</li> </ul>
Legal Name		<ul> <li>Indicates that the First Name, Middle Name, and Last Name of the individual have been verified to be their legal name.</li> <li>*Do not change legal name if they were ever FLP customers without consulting FLP*</li> <li>If the customer has completed CCC-10, FSA-2001, or FSA-2301, check applicable "Yes" or "No" box.</li> <li>Note: Legal name indicator does not download to AS/400 name and address record.</li> </ul>
Birth Date		If the customer volunteers their birth date, enter the date in the "MM/DD/YYYY" format.

Field	Required	Valid Entry
Birth Date		To indicate how the birth date of the customer was determined,
Determination		use the drop-down menu to select either of the following:
Code		
		• "Customer Declared" indicates verbal information directly
		from the customer or submission by the customer on a standard disclosure form
		•*"Employee Declared" indicates an unsubstantiated*
		judgment or information obtained through a third party.
Marital Status		To indicate the marital status of the customer, use the
		drop-down menu to select 1 of the following:
		"D'
		• "Divorced"
		• "Married"
		• "Separated"
		• "Single"
		• "Unknown N/A" (default)
		• "Widow(er)".
		<b>Note:</b> This information is required for FLP customers.
Voting	Х	To indicate the congressional district of where the customer
District		resides:
		• select a State from the drop-down menu
		<ul> <li>enter the 2-digit voting district.</li> </ul>
		• enter the 2-digit voting district.
		To determine the 2-digit voting district, access
		http://www.house.gov/writerep. Enter the applicable State
		and ZIP Code. In the case of a P.O. Box address, use the ZIP
		Code of the customer's physical location, not the post office.

Field	Required	Valid Entry
Language Preference	X	Use the drop-down menu to select either of the following:
		• "English" (default)
		• "Other"
		• "Spanish".
Employee Type	X	Use the drop-down menu to select 1 of the following:
		• "Not an Employee" (default)
		"Business Associate" of an FSA/NRCS employee
		• "Close Relative" of an FSA/NRCS Service Center employee such as, uncle, aunt, nephew, or niece
		• "Family Member" of an FSA/NRCS Service Center *employee such as, wife, husband, son, or daughter, including
		minor children*
		• "FSA Employee/Producer", including DD's, State Office employees, SED, STC, NRCS AC, and NRCS State Conservationist
		<ul> <li>"Service Center Employee", including employees of other</li> </ul>
		Service Center agencies.
		<b>Note:</b> Ensure that employee type is changed when customer's status changes.
Ethnicity	X	Use the drop-down menu to select either of the following:
		• "Hispanic or Latino"
		• "Not Hispanic or Latino".
Ethnicity	Х	To indicate how the ethnicity of the customer was determined, use
Determination Code		the drop-down menu to select either of the following:
		• "Customer Declared" indicates verbal information directly
		from the customer or submission by the customer on a
		standard disclosure form
		• "Employee Declared" indicates an unsubstantiated judgment or information obtained through a third party.
		<b>Note:</b> The determination code must be the same as the determination code entered in "race".

## 178 Entering Customer Core Data for a Business

## A Selecting a Business

This is an example of the Add Business Customer Screen. \*--

A A		USDA Service Center nation Management Syster	
<ul> <li>Navigation</li> </ul>		Add Business Customer	
Customer Search	Tax ID:		
Type	Tax ID Type:	No Tax Id	
1 x x	* Business Name: * Business Type:	Select One	
M Sol	* ZIP Code:		
	* Required	Add Reset	

After the selection of a business, the following information may be added.

Field	Required	Valid Entry
Tax ID		Business' Federal TIN; required if the business wants to receive
		monetary benefits. For Federal agencies, use the ID numbers in subparagraph 125 A.
		<b>Note:</b> If the Federal agency is <b>not</b> listed in subparagraph 125 A, follow subparagraph 125 D.

--\*

## A Selecting a Business (Continued)

Required		Valid Entry	
	IF an ID		
	number is	THEN click the drop-down menu to select	
	entered	1 of the following:	
		• "Employer ID"	
		• "Federal"	
		• "Social Security".	
		<b>Note:</b> The only businesses that can be loaded with a Social Security number are the following:	
		• LLC's (paragraph 178.6)	
		<ul> <li>revocable trusts (paragraph 178.8).</li> </ul>	
		For CMA or LSA, ID type <b>must</b> be "employer ID".	
	not entered	"No Tax Id".	
Х	The business' name is required.		
	* * *		
Х	Select the business type from the drop-down menu.		
	<b>Notes:</b> The business type selected will download to AS/400 an entity type.		
	See Exhibit 11 for the entity type codes.		
	For CMA or LSA, business type must be "Corporation".		
Х		IP Code is required.	
	<b>Note:</b> To add a customer with a foreign address that contains alphanumeric characters in the ZIP Code, the County Office's respective ZIP Code will initially have to be entered to continue to the Enter Customer Data Page. The "ZIP Code"		
	field will not accept alphanumeric characters.		
		IF an ID number isenterednot enteredXThe business' na***XSelect the busineNotes: The busineYSelect the busineNotes: The busineFor CMXXThe business' ZNote: To add a alphanur respective continue	

After the data in this subparagraph is entered, CLICK "Add". To clear the fields of data entered without adding, CLICK "Reset".

If a "potential duplicate" message is received, see paragraph 192 for resolving the potential duplicate.

#### **B** Entering Additional Business Data

Business information entered on the previous page is brought forward to the Business Information page. Additional customer data is entered according to the table in this subparagraph. Sufficient customer data should be entered to easily identify the customer.

This is an example of the Business Information page. \*--

	Business Information	
Common Name: JONES FARMS	Tax ID: 552222	222
* Customer Type: Business	Tax ID Type: Employ	yer Id
* Business JONES FARMS	*Legal Name *Business Type General Partnership	
	Business Drived General Partnership	
Dne 🔽	Gentler Select One	Gentiar Determination Select
Dne 🗸 🗙	Receive Mail FSA 🗹 NRCS 🔽 RD. Indicators	Code Code Select
TATES	Limited Resource Select One Producer	Onginating Country UNITED S
Dne 🔽	Reactive Customer: Active record Indicator	Ethnicity Select
Dne 🗸		Ethnicity Determination Select Code

The options on the navigation bar at the top of this page may be used to access the information sections described in paragraph 179. Clicking on "Bottom" will take the user to the very bottom of the page where the "Submit" and "Reset" buttons are located as described in subparagraph 179 K.

## **B** Entering Additional Business Data (Continued)

The following table lists additional customer data elements. Some entries are required to create the core data in SCIMS.

Field	Required	Valid Entry
Common Name		This will default to the business name, but may be changed.
Customer Type		The only businesses using a Social Security number that can be changed to an individual are:
		• revocable trust
		limited liability company.
Business Prior1		The user cannot update.
		<b>Note:</b> The Business Prior 1 is updated each year at rollover with the previous year's value.
Business Prior2		The user cannot update.
		<b>Note:</b> The Business Prior 2 is updated each year at rollover with the Business Prior 1 value.
Gender		Indicate the business owner's gender by using the drop-down menu to select 1 of the following:
		• "Org Other"
		• "Org/Fem Owned"
		• "Org/Male Owned"
		• "Unknown".
Gender Determination Code		To indicate how the gender of the business owner was determined, use the drop-down menu to select either of the following:
		• "Customer Declared" indicates verbal information directly from the customer or submission by the customer on a standard disclosure form
		• "Employee Declared" indicates an unsubstantiated judgment or information obtained through a third party.
		*Note: The Determination Code is a required entry if "Gender" is entered*

Field	Required	Valid Entry
Receive		The receive mail indicators:
Mail		
Indicators		• default to blank
		• must be checked if the customer has requested to receive mail from
		applicable agency.
		Note: Must be left blank for CMA or LSA.
Voting	Х	To indicate the congressional district of where the majority of the business'
District		farming interests are situated:
		• select a State from the drop-down menu
		• enter the 2-digit voting district.
		To determine the 2-digit voting district, access
		http://www.house.gov/writerep. Enter the applicable State and ZIP Code.
		http://www.induse.gov/writerep. Enter the appreade State and Ent Code.
		<b>Note:</b> Voting district is an optional entry for the following business types:
		•*business with "originating country" other than U.S*
		<ul> <li>news media</li> </ul>
		* * *
		• public body
		• other.
Limited		To indicate the limited resource producer status, use the drop-down menu to
Resource		select 1 of the following:
Producer		• "Yes"
		• "No" (default)
		• "Unknown".
		<b>Note:</b> See Exhibit 2 for definition of "limited resource producer" before
		updating this field.
Originating Country		The country of origin for the foreign entity:
Country		• defaults to "United States"
		• may be changed by selecting a country from the drop-down menu.
		Note: A <u>foreign entity</u> is a corporation, trust, estate, or other similar
		organization, that has more than 10 percent of its beneficial interest
		held by individuals who are not:
		• citizens of the U.S.
		<ul> <li>lawful aliens possessing a valid Alien Registration Receipt Card (Form L 551 or L 151)</li> </ul>
		(Form I-551 or I-151)
		• see 1-PL, subparagraph 236 A.

# **B** Entering Additional Business Data (Continued)

Field	Required	Valid Entry
Inactive Customer Indicator		<ul> <li>To indicate activity status of customer, use the drop-down menu to select either of the following:</li> <li>"active record"</li> <li>"inactive record"</li> <li>Notes: Active record must have at least 1 active program participation, including FLP, and at least 1 active address. FSA program participation must have at least 1 legacy link.</li> <li>Inactive record must have all active program participation deleted and inactive customer program participation must be added. FSA program participation must have all legacy links deleted. "Inactive date" will display date and time customer's inactive record was established below the "inactive customer indicator".</li> <li>Do not inactivate a customer in SCIMS until all benefits are issued and all program participation, including FLP, is complete.</li> <li>*Do not inactivate customers if they were ever FLP customers. If unsure if a customer was ever an FLP customer, consult FLP*</li> <li>If multi-county customer, do not inactivate without consulting with other County Offices with existing legacy links, including FLP.</li> <li>If multi-agency customer, user shall not activate or inactivate other agencies' customers unless authorized by the respective agency.</li> </ul>
Ethnicity Ethnicity Determination Code		<ul> <li>To indicate the business owner's ethnicity, use the drop-down menu to select either of the following:</li> <li>"Hispanic or Latino"</li> <li>"Not Hispanic or Latino".</li> <li>To indicate how the ethnicity of the customer was determined, use the drop-down menu to select either of the following:</li> <li>"Customer Declared" indicates verbal information directly from the</li> </ul>
		<ul> <li>customer or submission by the customer on a standard disclosure form</li> <li>"Employee Declared" indicates an unsubstantiated judgment or information obtained through a third party.</li> <li>Note: The determination code: <ul> <li>is a required entry if "Ethnicity" is entered</li> <li>must be the same as the determination code entered in "Race".</li> </ul> </li> </ul>

# **B** Entering Additional Business Data (Continued)

### A Purpose

\*--Estates shall be loaded in SCIMS as a business, using **only** a Federal EIN.

**Note:** Using a decedent's Social Security number is not consistent with IRS requirements for estates.

One of the first duties of a personal representative, such as executor, administrator, etc., of a decedent is to apply for an EIN for the estate. It is the responsibility and duty of the personal representative of the estate to provide the EIN acquired for the estate to all parties of interest. Go to http://www.irs.gov/pub/irs-pdf/p559.pdf, page 2, "personal Representative/Duties" for additional information.

Estates may be loaded in SCIMS without TIN's; however, they will **not** be eligible to be paid until they obtain an EIN.--\*

## **B** Loading an Estate in SCIMS

- \*--When entering an estate in SCIMS, Service Centers shall enter the estate's name as it appears on court documents presented by the executor/administrator of the estate.
  - **Notes:** If a deceased customer is currently loaded in SCIMS as an individual with a Social Security number, the record shall **not** be updated and used by the estate. A complete new record shall be loaded in SCIMS as a business for the estate and submitted.

Records that exist in SCIMS for the deceased customer as an individual must be inactivated and unlinked from the database according to subparagraph 178 B and paragraph 195 respectively.--\*

\* \* \*

### 178.6 Establishing LLC's in SCIMS

### A Purpose

LLC's shall be loaded in SCIMS using either of the following:

- a customer's Social Security number
- \* \* \*
- a Federal EIN.
- \*--Note: If a customer is a 1 member LLC using their personal Social Security number for LLC, that same Social Security number shall **not** be entered in SCIMS for the respective customer as an individual, nor shall they receive monetary benefits from FSA as an individual or a member of another entity using their personal Social Security number.

## **B** Loading LLC in SCIMS

When entering a new or updating an existing LLC in SCIMS, Service Centers shall enter the customer's name as it appears on the LLC's operating agreement.

LLC should be entered in SCIMS as a business customer with a Federal EIN, Social Security number, or no TIN.--\*

**Note:** If no TIN was entered in SCIMS, a customer ID number will be assigned. Customer ID numbers will **not** be eligible to receive payments.

\* \* \*

#### 178.7 Establishing Irrevocable Trusts in SCIMS

#### A Purpose

Irrevocable trusts shall be loaded in SCIMS using a Federal EIN.

#### 178.7 Establishing Irrevocable Trusts in SCIMS (Continued)

## **B** Loading an Irrevocable Trust in SCIMS

When entering a new or updating an existing irrevocable trust in SCIMS, Service Centers shall enter the irrevocable trust's name as it appears on the trust documents.

The irrevocable trust should be entered in SCIMS as a business customer with a Federal EIN or no tax ID number.

**Note:** If no TIN was entered in SCIMS, a customer ID number will be assigned. Customer ID numbers will **not** be eligible to receive payments.

#### **178.8** Establishing a Revocable Trust in SCIMS

#### A Purpose

Revocable trusts shall be loaded in SCIMS:

- using a Federal EIN or Social Security number, if applicable, or no tax ID number
- selecting "Revocable Trust" as the business type.

#### **B** Loading a Revocable Trust in SCIMS

When entering a new or updating an existing revocable trust in SCIMS, Service Centers shall enter the revocable trust by using the trust's name as it appears on the trust documents.

The revocable trust should be entered in SCIMS as a business customer with a Federal EIN, Social Security number, or no tax ID number.

**Notes:** If no TIN was entered in SCIMS, a customer ID number will be assigned. Customer ID numbers will **not** be eligible to receive payments.

During the lifetime of the grantor of a revocable trust, and while the grantor is serving as trustee of his or her revocable trust, the grantor's Social Security number may be \*--used as the revocable trust's TIN unless otherwise required by State law.--\*

If customers elect to use their personal Social Security number for a revocable trust, that same Social Security number shall **not** be entered in SCIMS for the respective customer as an individual or member of another entity, nor shall they receive monetary benefits from FSA, as an individual using their personal Social Security number.

## A Purpose

There are instances when County Offices do not know who is the owner of a farm/tract of land. If owners/operators are unknown, County Offices shall do thorough research to ensure that the owner/operator is unknown. If the owner/operator is determined to be unknown, County Offices shall record the "unknown" owner/operator in SCIMS as an "unknown".

## **B** Recording an "Unknown" in SCIMS

Record the "unknown" in SCIMS as follows:

- use the administrative county name for the unknown customer's "first name"
- use the State abbreviation for the last name
- use the administrative County Office address for all "unknowns"
- follow procedure in 3-CM to add the "unknown" to the farm and remove the previous owner.
- **Notes:** County Offices shall only establish 1 unknown with the administrative county and State abbreviation as the name. This creates 1 customer ID. The **same** customer ID will be used for all unknown owners and/or operators.

Unknown customers are **not** to be entered in SCIMS with any reference to or use of the word **"Delete"**, and any records previously recorded or migrated from the System 36 referencing "Delete" shall be changed to "Unknown" according to this paragraph.

\* \* \*

### 179 Additional Customer Entries

### A Introduction

The following subparagraphs detail customer information to enter for individual or business customers.

After the addition of information in each of the following sections, the Customer Information page will be redisplayed.

## **B** Race Type

Race information for a customer is added by clicking "Add" in the Race Type section. Multiple races may be entered by clicking "Add" for each additional race type.

	🎋 * Race Type						
Click To Modify	Click To Delete	Race Туре	Race Determination				
Modify	Delete	White. Origins in original peoples of Europe, the Middle East, N Africa	Employee Declared				
		Add					

USDA		SCIMS
	Customer Race Information	
* Race Type: * Race Determination:		<
		*

#### **B** Race Type (Continued)

Race is required for an individual. Enter at least 1 race from the following table. Race may be entered for a business, but it is not required.

Race	Definition
American Indian or	A person having origins in any of the original peoples of North,
Alaska Native	South, or Central America, and who maintains cultural
	identification through tribal affiliation or community recognition
	(includes Aleuts and Eskimos).
Asian	A person having origins in any of the original peoples of the Far
	East, Southeast Asia, or the Indian Subcontinent (including Japan
	and the Philippines).
Black or African	African American indicates a person having origins in the black
American	racial groups of Africa.
Native Hawaiian or	A person having origins in any of the original peoples of the
Other Pacific Islander	Hawaiian Islands, Guam, or Samoa.
White	A person having origins in any of the original peoples of Europe,
	North Africa, or the Middle East.

Note: The determination code is required if an entry is made in "Race".

The user shall select from either of the following options to show how the race was determined:

- "Customer Declared" indicates verbal information directly from the customer or submission by the customer on a standard disclosure form
- •\*--"Employee Declared" indicates an unsubstantiated judgment or information obtained--\* through a third party.

Note: The determination code must be the same as the "Ethnicity" determination code.

To retain the entered data, CLICK "**OK**". To return to the Customer Information Page and not retain the entered data, CLICK "**Cancel**".

### **C** Disability Information

Information concerning the customer's disability may be added by clicking "Add" in the Disability Information section. Multiple disabilities may be entered by clicking "Add" for each additional disability.

Disability information is:

- not required for a customer
- required for an FSA or Federal Service Center employee.

If the customer provides disability information, the user shall select disability information from the drop-down menu. See Exhibit 13 for SF-256.

		Disability Infor	
Click To Modify	Click To Delete	Disability Type	Disability Determination
<u>Modify</u>	Delete	No handicap	Employee Declared

USDA	SCIMS
Customer Disability Information	
Please select Disability Type and Determination. All items marked with asterisk are required. * Disability Type: Select One 💌	
* Disability Determination: Select One 💌	
Cancel	*

### **C** Disability Information (Continued)

The user shall select from either of the following determination options to show how the disability was determined:

- "Customer Declared" indicates verbal information directly from the customer or submission by the customer on a standard disclosure form
- •\*--"Employee Declared" indicates an unsubstantiated judgment or information obtained--\* through a third party.

Note: Disability information does not apply to a business customer.

To retain the entered data, CLICK "**OK**". To return to the Customer Information Page and not retain the entered data, CLICK "**Cancel**".

### **D** Address Information

Address information for the customer:

- is a required entry
- shall be added by clicking "Add" in the Address Information section.

**Note:** Users shall enter the administrative County Office address for the customer, if the customer's address is unknown.

The customer must have at least 1 valid current address. Multiple addresses may be entered by clicking "Add" for each additional address.

* Address Information								
Active	Click To Modify	Click To Delete	Address Lines	City, State ZIP Code	Carrier Route	Current Address		
Active	Modify	Delete	PO BOX 27	CHARLES TOWN, WV 25414-5104	R004	Yes		

Customer Address Information
All items marked with asterisk are required.
Information * City:
* Delivery Address * State: Select One V
* Country: UNITED STATES
Foreign Carrier Addr Line: (Foreign City, State, and Postal Route: Code)
Current Address: * Address Type
Mailing Address: Shipping Address: Street Address:

--\*

## **D** Address Information (Continued)

Address information shall be entered according to the following table.

Field	Required	Valid Entry					
Information Line		This field is used if the "Delivery Address Line" field has a					
		secondary name or c/o.					
		Example: SCIMS Farms					
		c/o Jerry Davis					
		1500 Hawthorne Court					
		Manly VA 20110					
		"c/o Jerry Davis" is entered in the "Information Line" field.					
		<b>Note:</b> "Information Line" data will be sent to the AS/400.					
* * *		* * *					

# Par. 179

## 179 Additional Customer Entries (Continued)

# **D** Address Information (Continued)

Field	Required	Valid Entry				
Delivery	X	This line identifies the delivery address for the customer using 1 of the following:				
Address						
Line		PO Box XXX				
		RR X Box XXX				
		HC X Box XXX				
		• street address and apartment number.				
		Note: The "Delivery Address Line" and the "Last Line (Post Office)" of addresses				
		should be completely standardized using USPS standard abbreviations and/or as				
		shown in the current USPS ZIP+4 File.				
		Example: DILL CDEV (Desirient Line)				
		<b>Example:</b> BILL GREY (Recipient Line)				
		C/O ABC GRAIN INC (Information Line-Optional)				
		1500 E MAIN AVE STE 201 (Delivery Address Line) SPDINCEELD VA 22162 1010 (Logt Line (Post Office))				
Familan		SPRINGFIELD VA 22162-1010 (Last Line (Post Office))				
Foreign Address		Enter either of the following <b>only</b> if the address includes a foreign country or military address (such as APO or FPO):				
Line						
Line		• Construction				
		• foreign country *				
		Customer Address Information				
		All items marked with asterisk are required.				
		Information City:				
		* Delivery PO BOX 310 State: No Selection Required 🗹				
		Country: CANADA Zip Code:				
		* Foreign Addr LOCKPORT NS BOTILC Carrier Line: (Foreign City, State, and Postal Route:				
		Code)				
		Current 🔽				
		Address: 🖵 * Address Type				
		Mailing Address: 🗹 Shipping Address: 🗌 Street Address: 🗌				
		*				
		Note: Make no entries in "City", "State", or "ZIP Code" fields.				
		• military address.				
		*				
		Customer Address Information				
		All items marked with asterisk are required.				
		Information City:				
		Line:				
		* Delivery Address Line: PSC 50 BOX 371 State: No Selection Required M				
		Country: UNKNOWN Zip Code:				
		* Foreign Addr APO AE 09494-0371 Carrier Line: (Foreign City, State, and Postal Route:				
		Code)				
		Current Address:				
		* Address Type				
		Mailing Address: 🗹 Shipping Address: 🗌 Street Address: 🗌				
		*				
		<b>Note:</b> Replace the foreign city with APO or FPO and the State name with AA, AE, or AP followed by the applicable special ZIP Code. Make no entries				

## **D** Address Information (Continued)

Field	Required	Valid Entry
Current	Х	Check this box if the customer has indicated this address as the current address.
Address		
		Notes: An individual may have multiple addresses, but can have only 1 current
		address.
		A business may have multiple addresses and multiple current addresses.
City	X	Enter a city name.
State	X	Select a State from the drop-down menu.
ZIP Code	Х	Enter the:
		• first 5 digits of the ZIP Code
		• last 4 digits of the ZIP Code, if known.
		<b>Notes:</b> The ZIP Code can be obtained from the USPS web site at
		http://www.usps.com/zip4/.
		To add a customer with a foreign address that contains alphanumeric
		characters in the ZIP Code, a five digit number using the County Office's
		respective ZIP Code will have to be entered to continue to the Enter
		Customer Data Page. The ZIP Code block will not accept alphanumeric
Country	X	characters.
Country	Λ	The country:
		• defaults to "United States"
		<ul> <li>may be changed by selecting a country from the drop-down menu</li> </ul>
		•*select "UNKNOWN" from the drop-down menu for military addresses*
Mailing		Check this box if the address is the customer's mailing address.
Address		
		<b>Note:</b> A customer may have multiple mailing addresses if mail is received in
		different locations.
Shipping		Check this box if the address is the customer's shipping address.
Address		
		<b>Note:</b> A customer may have multiple shipping addresses.
Street		Check this box if the address is the customer's street address.
Address		
		<b>Note:</b> A customer may have multiple street addresses.
Carrier		Enter the alphanumeric code assigned by USPS. The carrier route can be obtained
Route		from the USPS web site at http://www.usps.com/zip4/.
*Contact		Enter applicable contact person's name.
Person		
		<b>Note:</b> This field is only available for business customers and is entered and
		displayed only on the USDA-SCIMS add or update pop-up screen*

To retain the entered data, CLICK "OK". To return to the Customer Information Page and not retain the entered data, CLICK "Cancel".

### **E** Phone Number

Information about the customer's telephone numbers may be added by clicking "Add" in the Number box. Multiple telephone numbers may be entered by clicking "Add" for each additional telephone number.

*										
	🥵 Phone Number									
[	Click To Modify Delete Number Type Extension Primary Unlisted									
	<u>Modify</u>	<u>Delete</u>	304-725-1234	Home		Yes	No			
	<u>Modify</u>	<u>Delete</u>	304-283-1234	Cellular		No	No			
			Add							
U	USDA									
		С	ustomer Phone	e Infor	mation					
		All it	ems marked with as	sterisk a	re required.					
	ease enter ph 234567890	one number wi	thout any dashes "	-", parer	nthesis "()" i	or spaces	. Ex			
	* Number:		Locatio	n State:	Select One (Optional)			~		
	Extension:		Location	County:	Select One	🗸 (Option	ial)			
				Country:	UNITED STA	TES	*			
	* Type: Select One 💌 Primary Phone: 📃									
			I	Unlisted:						
	OK Cancel									

Telephone information shall be entered according to the following table.

Field	Required	Valid Entry		
Number		Enter area code and 7-digit number <b>without</b> spaces or dashes.		
		<b>Note:</b> The telephone number will <b>not</b> be sent to AS/400. Update AS/400 with the current telephone number.		
Extension		Enter extension number, if applicable.		

--\*

## **E** Phone Number (Continued)

Field	Required	Valid Entry
Туре	X	Use the drop-down menu to select 1 of the following:
		<ul> <li>"Barn"</li> <li>"Business"</li> <li>"Cellular"</li> <li>"Data"</li> <li>"Fax"</li> <li>"Home"</li> <li>"TDD"</li> <li>"Video".</li> </ul>
Location State		This field is required if a telephone number is entered. Select the State from the drop-down menu.
		<b>Note:</b> This may be helpful if the customer has telephone numbers in different States.
Location County		Select the county from the drop-down menu. <b>Note:</b> This may be helpful if the customer has telephone
		numbers in different counties.
Country	Х	<ul> <li>The country where the telephone number is located:</li> <li>defaults to "United States"</li> <li>may be changed by selecting a country from the drop- down means</li> </ul>
		down menu. This field is required if a telephone number is entered.
Primary Phone	X	Check this box if the telephone number is the primary telephone number for the customer.
		<ul><li>This field is required if a telephone number is entered.</li><li>Note: The customer may have only 1 primary telephone number.</li></ul>
Unlisted		Check this box if the telephone number is unlisted.
Children		check and box if the telephone number is uninsted.

To retain the entered data, CLICK "OK". To return to the Customer Information Page and not retain the entered data, CLICK "Cancel".

### F E-Mail Address

Information about the customer's e-mail address may be added by clicking "Add" in the E-Mail Address section. Customers may have several e-mail addresses. Multiple e-mail addresses may be entered by clicking "Add" for each additional e-mail address.

		📕 E-	Mail Address				
	Click To Modify	Click To Delete	Address	Туре	Primary		
	<u>Modify</u>	<u>Delete</u>	Add	Business	Yes		
DA	SCIMS						
		Customer E	mail Informati	on			
	All items marked with asterisk are required.						
	* E-mail Address:						
	* Type: Select One 💌						
		Prima	ry:				
			OK Can	cel			

## F E-Mail Address (Continued)

E-mail address information shall be entered according to the following table.

Field	Required	Valid Entry
E-mail Address		Enter the e-mail address for the customer.
Туре	Х	<ul><li>Use the drop-down menu to select either of the following:</li><li>"Business"</li></ul>
		<ul><li>"Home".</li><li>This field is required if an e-mail address is entered.</li></ul>
Primary	X	Check this box if this e-mail address is the primary e-mail address for the customer. This field is required if an e-mail address is entered.
		<b>Note:</b> The customer may have only 1 primary e-mail address.

To retain the entered data, CLICK "OK". To return to the Customer Information Page and not retain the entered data, CLICK "Cancel".

#### G Customer Notes

This option allows for entering notes about the customer to be entered. Customer notes are optional. Service Centers may use this section to record any pertinent information about the customer that is necessary or could be useful, such as the following:

- date address was changed
- date the customer inquired about a program
- date the customer was in the Service Center
- special needs of the customer
- date legacy link was added or deleted.

Note: The maximum number of characters and spaces that can be entered is 225. As many notes as needed can be added.

📁 Customer Notes						
Click To Modify	Click To Delete	Date	Text			
Modify	Delete	1/12/2010	Mean black dog in dairy barn			

USDA		SCIMS
	Customer Notes	
All i * Note Type	tems marked with asterisk are required. : Select One 💌	
* Notes		
	OK Cancel	

To retain the entered data, CLICK "OK". To return to the Customer Information page and not retain the entered data, CLICK "Cancel".

### **H** Program Participation

Program Participation is used for recording the interest a customer has with an agency within the Service Center. Data in this section will be expanded as additional phases and programs are implemented.

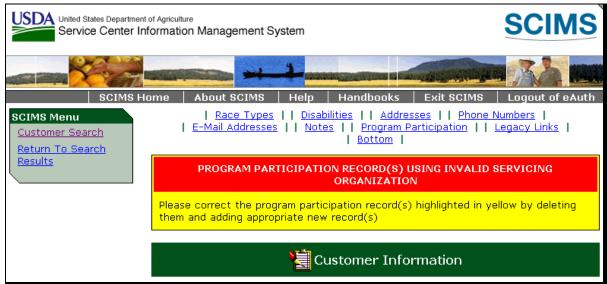
* Program Participation						
Click To Click To Pressure Completion Operation Current						
Modify	Delete	Program	Servicing Organization	Participant		
<u>Modify</u>	<u>Delete</u>	FSA Customer	JEFFERSON COUNTY FARM SERVICE AGENCY, WV	No		
<u>Modify</u>	<u>Delete</u>	AG NRCS	RANSON SERVICE CENTER, WV	No		

USDA	SCIMS
Customer P	rogram Participation Information
All item	s marked with asterisk are required.
* Pro	igram: Select One 💌
	State: Non-AG NRCS Customer Inactive Customer Technical Service Provider
* Organ	ounty: Technical service Provider Non County FSA Customer RD Customer ization Name: FSA Customer
* General Pr In	
	cipant: Select One
	OK Cancel
	*

If the customer has interest in more than 1 county serviced by a Service Center, only 1 program participation record has to be established for the Service Center under the applicable program.

#### **H** Program Participation (Continued)

Program Participation record and correct Servicing Organization **must** match for **all** newly added and existing records, for the record to be updated. If the records do **not** match, the following screen will be displayed with error messages to alert users of the mismatched data. \*--



* Program Participation						
Click To Modify	Click To Delete	Program	Servicing Organization	Current Participant		
<u>Modify</u>	<u>Delete</u>	AG NRCS	NAHUNTA SERVICE CENTER, GA	No		
<u>Modify</u>	<u>Delete</u>		PIERCE COUNTY FARM SERVICE AGENCY, GA	No		

User shall research mismatched data and correct the records by deleting and/or adding records, as necessary, to clear the error message and update the record.

**Note:** If mismatched records are related to a multi-county customer, user shall consult with applicable County Offices **before** adding and/or deleting records.

### **H** Program Participation (Continued)

Add information to this section according to the following table. All Program Participation data is required.

Field	Valid Entry
Program	Identify why the customer is being added to SCIMS by using the drop-down menu to select 1 of the following:
	• "Non-AG NRCS Customer"
	• "Inactive Customer"
	"Technical Service Provider"
	• "Non County FSA Customer"
	• "RD Customer"
	• "AG NRCS Customer"
	• "FSA Customer".
	<b>Note:</b> "FSA Customer" must be selected for a download to AS/400 to occur.
State	Identify the State where the customer is participating by selecting the State
	from the drop-down menu.
County Serviced	Identify the county where the customer is participating by selecting the county from the drop-down menu.
	*Note: "State Office" has been added to the top of the county drop-down menu for Financial Services use*
Organization	Identify the Service Center organization where the customer is participating by
Name	selecting the Service Center site from the drop-down menu.
General Program Interest	Identify the interest a customer has by using the drop-down menu to select 1 of the following:
merest	the following.
	• "Has interest in the program"
	• "Does not have interest in the program"
	• "Unknown".
Current Participant	Identify if the customer is a current participant by using the drop-down menu
1	to select 1 of the following:
	• "Application Made"
	"Currently Enrolled and Participating"
	• "Not Currently Participating".

To retain the entered data, CLICK "OK". To return to the Customer Information page and not retain the entered data, CLICK "Cancel".

**Note:** The Program Participation and the Legacy Link State and county must match for the record to be updated.

## **H** Program Participation (Continued)

The General Program Interest code must be in sync with the Current Participant code or the following Warning Screen will be displayed.

USDA	SCIMS
Customer Prog	gram Participation Information
Participant Code is 'Application	de must be 'Has interest in the program' if Current on made' or 'Currently Enrolled and Participating'. arked with asterisk are required.
* Program:	FSA Customer
* State:	WEST VIRGINIA
* County:	JEFFERSON 🔽
* Organization Name:	JEFFERSON COUNTY FARM SERVICE AGENCY
* General Program Interest:	Does not have interest in the program 💙
* Current Participant:	Currently Enrolled and Participating 💙
	OK Cancel

## I Legacy Link

The legacy link is used to direct the customer's core data to the appropriate AS/400 for use by specific programs. All FSA customers **must** be linked to at least 1 State and county. \*--

	Egacy Link						
Click To Modify	Click To Delete	State	County	Address			
<u>Modify</u>	<u>Delete</u>	WEST VIRGINIA	JEFFERSON	PO BOX 27, CHARLES TOWN, WV 25414- 5104			
	Add						

JSDA		SCIMS
Customer Legacy Link Information		
	State: WEST VIR County: BERKELEY	GINIA
* Select One	Delivery Address	City, State ZIP Code
•	261 NEW CASTLE DR	CHARLES TOWN, WV 25414-5104
	OK	Cancel

Add information to this section according to the following table. All legacy link data is **required**.

Field	Valid Entry	
State	Identify the State where the customer's record should be downloaded to by	
	selecting from the drop-down menu. The default is the State corresponding	
	to the Service Center selected according to subparagraph 141 F.	
County	Identify the county where the customer's record should be downloaded to by selecting from the drop-down menu. The default is the county corresponding to the Service Center selected according to subparagraph 141 F.	
	<b>Note:</b> "State Office" has been added to the top of the drop-down menu for Financial Services' use.	
Check One	Identify the customer's address that should be linked with the State and county selected.	
	$\frac{1 \text{ CM (Pay 2) Amond 45}}{2 \text{ Page 7.70}}$	

### I Legacy Link (Continued)

Before creating a legacy link, review and make any modifications to the customer's core data.

For any customer with:

- 1 address, that address should be linked to each county in which the producer participates
- multiple addresses, an address must be linked to each county in which the producer participates.

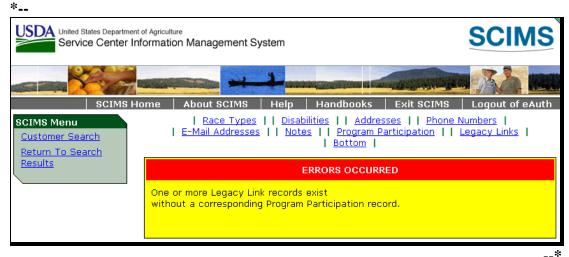
**Note:** In some cases, different addresses may be linked to different counties. The customer must specify which address is to be directed to each Service Center.

If a linked address is:

- modified, the updated address will be sent to each Service Center it is linked
- deleted, the legacy link must be deleted also.

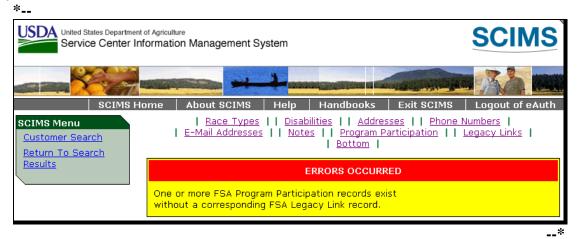
To retain the entered data, CLICK "OK". To return to the Customer Information Page and not retain the entered data, CLICK "Cancel".

**Note:** FSA Program Participation records and corresponding Legacy Link records **must** exist for **all** newly added and existing records, for the record to be updated. If corresponding records do **not** exist, the following screens will be displayed with error messages to alert users of the missing data.



#### 179 Additional Customer Entries (Continued)

#### I Legacy Link (Continued)



User shall research missing data and add or delete FSA Program Participation records and Legacy Link records as necessary to clear the error message and update the record.

**Note:** If missing corresponding records are related to a multi-county customer, user shall consult with applicable County Offices **before** adding or deleting records.--\*

#### 179 Additional Customer Entries (Continued)

#### J Option to Modify or Delete a Record

In each section of the Customer Information Page and the Business Information Page, existing records can be modified or deleted. To:

- change data in a specific record, CLICK "Modify", correct the data, and CLICK "OK"
- clear entered changes, CLICK "Cancel"; the changes will not be retained
- delete a record, CLICK "Select for Deletion".

Note: A confirmation dialog box will be displayed. CLICK:

- "OK" to delete the record
- "Cancel" to retain the record.

#### K Submitting Data to SCIMS

Submit	Reset		
<u>Go to</u>	<u>Top</u>		

#### CLICK:

- "Submit" to:
  - retain new data entered
  - retain modified data
  - delete the selected record

**Note:** When users CLICK "Submit", a series of validations will be processed and core data that is stored in the name and address files on the AS/400 will be downloaded to the AS/400 in all Service Centers where the customer is linked. If the validations are not met, appropriate error messages will be displayed at the top of the Customer Information page or Business Information page, as applicable.

- "Reset" to:
  - clear data entered
  - clear modified data
  - not delete the record selected.

#### 180-190 (Reserved)

#### Section 4 Automated Procedure for Modifying Records

#### **191** Modifying Customer Data in SCIMS

#### A Introduction

Modifications to customer core data must be made in SCIMS. Customer information added to SCIMS according to the paragraphs 177 through 179 must be modified through SCIMS. Changes to customer core data will be downloaded to all FSA AS/400's that the customer is linked.

#### **B** Accessing Customer in SCIMS

Access SCIMS according to paragraph 141. Perform a search for the customer according to paragraph 175.

#### **C** Core Data Modifications

After locating the customer, modify the customer's core data by:

- selecting the section to modify
- clicking "Modify"
- making changes to data described in paragraph 179.

Modify the data and CLICK "Submit" to update the changes. Core data that is stored in the name and address files on the AS/400 will be downloaded to the AS/400 in all Service Centers that the customer is linked.

#### **192 Duplicate Customer**

#### **A** Purpose

Customer core data needs to be entered only 1 time in SCIMS. To prevent duplicate entries of customers, the software makes every attempt to identify the customer before the user adds a customer.

#### **B** Exact Match

If a customer already resides in SCIMS, the user will be notified when a tax ID and ID type have been entered that match a customer currently in SCIMS. The message will alert the user that the customer is already in SCIMS and adding the customer will result in duplicate entries.

#### **192 Duplicate Customer (Continued)**

#### C Similar Match

When attempting to load a customer with similar data, the system will prompt the user that the customer may be a duplicate entry. The user must determine whether the data is the same customer before adding the customer.

For an individual, the software will compare the following for potential duplicates:

- last name
- first name
- suffix
- •\*--ID/type--\*
- ZIP Code.

For a business, the software will compare the following for potential duplicates:

- business name
- business type
- ID/type
- ZIP Code.

#### **192 Duplicate Customer (Continued)**

#### D Error Messages for Potential Duplicate Customers

If the customer's data entered on the Add Customer Screen matches a customer already in the SCIMS database, 1 of the messages in the following table will be displayed. The user must determine whether adding the customer will result in duplicate customers on the SCIMS database. Before adding the customer, use the following table to determine whether the customer will result in a duplicate customer.

		Action		
Managan	Decession from Marries	IF the customer		
Message	Reason for Message	being added is	THEN	
"The customer	The customer data	a duplicate	select the duplicate	
entered will result	entered on the Add		customer who is displayed.	
in a potential	Customer Screen	not a duplicate	CLICK "Add" to add the	
duplicate with	matches a customer in		new customer.	
another customer	the SCIMS database			
on the database"	who has similar data.			
"The customer	The customer data	a duplicate	select the duplicate	
entered already	entered on the Add		customer who is displayed.	
exists in the	Customer Screen	not a duplicate	determine whether	
database and	matches a customer		information for the	
would result in a	with the same data		customer is correct. If the	
duplicate	already on the		customer is not the same,	
customer"	database.		CLICK "Add" to add the	
			new customer.	
"The tax	*The tax ID number/	a duplicate	*click on the common	
identification of	type entered on the		name displayed to view the	
the customer	Add Customer Screen		details of the customer*	
entered is already	already exists in the	not a duplicate	determine whether	
in the database"	database.		incorrect information has	
			been entered for 1 of the	
	Note: Duplicate tax ID numbers and		customers.	
	types are now		<b>Note:</b> The same tax ID	
	blocked from		cannot be used	
	being entered in		for more than	
	SCIMS*		1 customer. The	
			user must resolve	
			the customer's ID	
			number.	

#### **193 SCIMS Error Reports**

#### **A** Introduction

An error report will print on the AS/400 system printer to notify the Service Center when a \*--SCIMS to AS/400 name and address error has occurred. The report will print if a--\* customer's data in SCIMS has been changed and is not allowed to be changed in the AS/400 name and address record. Refer to paragraphs 194 through 196 for an explanation of the errors and corrective action.

#### **B** Example of Report

This is an example of the SCIMS to Name and Address Update Report. \*\_\_

C. FRB-SUBS Report ID: MACI01-R001		Department of Agriculture Prepared:04-10-02 Farm Service Agency Name and Address Update Report Page: 1
ID-Num & Type	Name	Message
22-3335555 E	TOM SMITH	ID has been unlinked in SCIMS, but cannot be deleted from the AS/400 name and address file because it is associated with the following: (See 1-CM)
		Active Producer Active on a Farm CY Permitted Entity File Combined Entity File Loans CRP ACP Other Conservation Farm Loan Program Accounting
333-33-3333 S	BILL JONES	ID has been changed to 444-44-4444 S, but the previous ID cannot be deleted from AS/400 Name and Address file because it is associated with the following: (See 1-CM)
		Active Producer Active on a Farm CY Permitted Entity File Combined Entity File Loans CRP ACP Other Conservation Farm Loan Program Accounting
123-54-3028 S	Star Five Ranch	Entity Type has been changed in SCIMS but cannot be changed on the AS/400 Name and Address file because it is active in the Permitted Entity File (see 1-CM)

--\*

#### \*--193.5 SCIMS Transmission Sequence Error Report

#### A Introduction

The SCIMS Transmission Sequence Error Report will print on the AS/400 system printer to notify the Service Center when an out-of-sequence error condition occurs while processing a SCIMS transmission. Out-of-sequence conditions commonly occur in the following circumstances:

- when the files that SCIMS generates are **not** processed in the correct order or 1 file is skipped during processing
- if files are created on more than 1 server for the same State and county because multiple customers are being updated at the same time.

#### **B** Reporting Out-of-Sequence Conditions

Out-of-sequence conditions should correct themselves within a few minutes. However, if an out-of-sequence condition does **not** correct itself within 10 minutes, the Service Center should report the problem to their respective State Office SCIMS Security Officer.

#### C SCIMS Security Officer Action

SCIMS Security Officers shall report out-of-sequence conditions that do **not** correct themselves to the Help Desk.--\*

#### 194 Changing or Adding Tax ID Number in SCIMS

#### A Introduction

SCIMS allows changing or adding tax ID number for a customer who is established in SCIMS. The ID number will be added in all counties' AS/400 name and address file where the customer is linked.

#### **B** Changing or Adding TIN's

To change or add a customer's ID number, access the customer in SCIMS according to paragraph 175. After the customer has been selected, the user may add or change tax ID number by entering the new ID number in the "Tax ID" field.

When a customer's tax ID number is changed or added, SCIMS attempts to change the ID number in all counties where the customer is linked.

#### 194 Changing or Adding Tax ID Number in SCIMS (Continued)

#### **C** Notification of Changed ID

If the incorrect ID cannot be deleted from the AS/400 because the customer is active in a county where the ID is linked, the message, **"ID has been changed but cannot be deleted from Name and Address because the ID is still active in a program."** will print on the system printer.

The following table outlines actions that will be required when an ID number is changed.

IF the customer is	THEN	Action
not active in any county's:	• the changed ID will be	The County Office will not
	added to the AS/400 name	1
• entity file	and address file	required.
• farm records	• the previous ID will be moved to "Deleted" status	
• program that would	by KC-ITSDO.	
prevent the ID from		
being deleted		
active in any county's:	• all counties where the ID	The County Office or
	is active will be notified	Offices where the original ID
• entity file	by report that the ID has	is active shall take action to
	been changed, but cannot	make the original ID inactive
• farm records	be deleted until made	according to
	inactive	*paragraph 197*
• program that would		
prevent the original ID	• both ID's will be	
from being deleted	maintained on the AS/400	
	name and address file	
	until the original ID is	
	made inactive.	

#### 194 Changing or Adding Tax ID Number in SCIMS (Continued)

#### **D** Payment to an Incorrect ID Number

If an incorrect ID number has been used and payments have been issued using the incorrect number, immediately change the ID number according to subparagraphs B and C. Future payments shall be issued to the correct ID number. After changing the ID number in SCIMS, select the correct ID number from the County Office's AS/400 name and address file and add it to all records where the incorrect ID was used.

#### **195** Unlinking Customer in SCIMS

#### A Introduction

When it is no longer necessary to have a customer in the County Office's AS/400 name and address record, the customer's legacy link should be deleted. The customer will be moved to "Pending Delete" status in the county's AS/400 if the customer is eligible to be unlinked.

#### **B** Deleting Legacy Link

To unlink a customer from a County Office, the customer must be eligible to be unlinked. To be eligible, the customer must be inactive in the County Office that is to be unlinked. Areas where the customer may be active include, but are not limited to:

- accounting
- contracts
- entity files
- farm loan programs

#### **195** Unlinking Customer in SCIMS (Continued)

#### **B** Deleting Legacy Link (Continued)

- farm records
  - **Note:** Records **cannot** be unlinked in SCIMS when the customer is still active on a farm in Farm Records. The following message will be displayed.



• loans.

After the customer is made inactive in all programs and records in the County Office, unlink the customer in SCIMS according to the following table.

Step	Action
1	Perform a search of the customer in SCIMS according to subparagraph 175 C.
2	Select the customer to unlink from the Search Results Screen.
3	Select the Legacy Link section.
4	CLICK "Select for Deletion" field for the State and county link record to be deleted.
5	Answer the deletion confirmation prompt.
6	Select the Program Participation section.
7	CLICK "Select for Deletion" field in the Program Participation record for the State
	and county that was deleted in the Legacy Link section.
8	Answer the deletion confirmation prompt.
9	CLICK "Submit" to submit the changes to SCIMS.
	<b>Note:</b> When producer is linked to other counties, the County Office should be able to submit at this point. In cases where the producer is only linked to the 1 county, the County Office needs to add back a "Program Participation" entry. When adding a "Program Participation" entry back in, select "Inactive Customer" with your State, county, and Service Center. When "Inactive Customer" is selected, "General Program Interest" and "Current Participant" fields will be unavailable to access. Do not add back the NRCS record. County Offices can now submit this record.

С	
Notification of Unlinking in SCIMS	If a customer is unlinked in SCIMS and cannot be deleted, the message, " <b>ID</b> has been unlinked in SCIMS, but cannot be deleted from the AS/400 Name and Address file because it is associated with the following:", will print on the system printer.
	See paragraph 197 for an explanation of conditions that prevent the customer from being deleted in the AS/400 name and address file.
D Relinking Customer Unlinked in SCIMS	Relink the customer in SCIMS that should not have been unlinked, according to paragraph 179.
196 Changing En	tity Types
A Introduction	*Changes to a customer's business type are allowed in SCIMS. The business* type will be changed in all County Offices where the customer is linked. The business type displays in the AS/400 as "Entity Type".
B Changing Business Type of Customer	To change the business type of a customer, the customer must first be deleted in the current year entity or joint operation file. Entity files shall not be deleted for CY-1 or CY-2. Refer to 1-PL for policy on when to make an entity change.
	Continued on the next page

#### C Notification of Entity Type Change

If the business type is changed in SCIMS and the customer is active in the current year entity file, a message will print in every County Office that is linked to the customer and has the customer in the entity file. The message will alert them that the entity type has been changed. The message, **"Please change the SCIMS Entity Type back. ID is Active on Permitted Entity file."** will print on the system printer.

The following table outlines actions that will be required when an entity type is changed.

IF the entity type	THEN the	Action
should have been changed	customer must be deleted from the current year entity or joint operation file and re-entered with the correct entity type.	Delete and re-enter the customer from the current year entity file according to 2-PL in all County Offices where the customer is linked. <b>Note:</b> This must be coordinated with other County Offices where the customer is linked.
was changed in error	business type must be changed back in SCIMS.	Change the business type in SCIMS back to match the entity type in the entity or joint operation file. <b>Note:</b> This must be coordinated with other County Offices where the customer is linked.

#### A Introduction

When a customer's tax identification number is changed or a customer is unlinked in SCIMS, an attempt is made by KC-ITSDO to move the old record to "Delete" status in the AS/400 name and address file for the legacy link county. If the customer's record cannot be moved to "Delete" status, the county will receive a SCIMS to Name and Address Update Report. The report will identify the reasons why the customer cannot be moved to "Delete" status and the actions the county needs to take.

#### **B** Reasons a Customer's Record Cannot Be Deleted

When KC-ITSDO attempts to move to "Delete" status a customer that has been changed or unlinked in SCIMS, 1 or more of the following messages may be received. Counties shall take necessary actions to allow the record to be deleted. Some conditions that are listed require no action because participation in the program determines when the record is eligible to be deleted.

The message will only be received when the initial update is submitted in SCIMS and will not be received again unless another update is submitted through SCIMS. If the county does not take the necessary actions when the message is received and the customer is not updated in SCIMS again, the customer will not be moved to "Delete" status and will remain in "Pending Delete" status indefinitely.

**Example:** The County Office accesses a customer's record in SCIMS and changes the tax identification from "No Tax ID" to a permanent ID number. When the changed record is sent back to the customer's legacy link county's AS/400 name and address file, it becomes a new record for the customer. An attempt is made by KC-ITSDO to move the old record to "Delete" status. If the County Office has not removed the temporary tax ID from all farms, the county will receive a message that the customer cannot be deleted because the ID is active on a farm and the temporary ID record will be moved to "Pending Delete". If the county does not remove the old ID from the farm, the old ID will remain in "Pending Delete" indefinitely. The county will not be notified again unless a change is made in SCIMS to the customer's record.---\*

#### **197** SCIMS to Name and Address Update Report (Continued)

#### **C** Messages and Actions

If a report is received, 1 or more of the following messages may be included. The county shall make necessary corrections to allow the record to be deleted.

\*--Note: These messages are generated when a customer ID has been changed in SCIMS, but the customers previous ID is still active on the AS400 and cannot be deleted because of reasons listed in the following table.

Message	Reason for Message	Action
Active Producer	Customer was associated with a farm in	None.
	the previous 2 years as an operator,	
	owner, or OT.	
	<b>Note:</b> Customers must be inactive on	
	all farms for 2 complete	
	rollovers to be moved to	
	"Deleted" status.	
Active on a Farm	Customer is currently active on at least	Remove the customer from all
	1 farm as owner, operator, or OT*	farms that he/she is associated
		with.
CY Permitted	Customer is currently in the CY Entity	Delete customer from the CY
Entity File	or Joint Operation file.	Entity or Joint Operation file.
Combined Entity	Customer is combined with another	Delete customer from the
File	customer.	Combined Entity File.
* * *	* * *	* * *

\*--Note: If a SCIMS to Name and Address Update Report prints with any of the above messages, then the customer is placed in a "Pending Delete" status.--\*

#### **197** SCIMS to Name and Address Update Report (Continued)

Message	Reason for Message	Action
Farm Loan	Customer filed an application	*Leave "Y" flag in place if customer ever
Programs	for FLP loan.	filed an application for FLP loan, regardless of
		whether the customer is still participating or
		ever participated in FLP*
Loans	Customer had a price support	None.
	loan within the last 6 months.	
		Price Support runs a monthly edit to reset
		customers who have had no loan activity for
		6 months and their outstanding balance is zero.
		<b>Note:</b> LDP's keep the IND-DEL-LOAN flag
		active for 1 year and 9 months.
CRP	This flag is currently not	Ensure that producer has <b>no active</b> CRP
	being checked when flagging	participation when flagging for deletion.
	a producer for deletion.	
Accounting	Customer's flag is set to "Y"	If the flag is no longer applicable, reset the flag
	in 1 of the following:	to "N". ITSD-ADC periodically runs edits to
		correct these.
	• direct deposit	
	• claims	
	• receivables.	

#### C Messages and Actions (Continued)

**Note:** If a SCIMS to Name and Address Update Report prints with any of these messages, then the customer is placed in a "Pending Delete" status.

#### **198** Documenting Customer Data Changes in SCIMS

#### \*--A Customer Data Changes

All SCIMS customer data changes made shall be documented by the Service Center--\* employee making the change according to the following.

	THEN Service Center employee shall complete
IF the request for changes is made	AD-2047 according to subparagraph C
in person	request that customer verify changes and sign and
	date items 8A and 8 B.
by telephone	complete blocks necessary to document the
	changes and enter requester's name in item 8A
	(requester's signature is <b>not</b> required).
by mail or FAX	complete blocks necessary to document the
	changes, enter requester's name in item 8A
	(requester's signature is <b>not</b> required), and attach
	hard copy of mailed or FAXed request to
	AD-2047.
by trusted data source including:	attach copy of data source to AD-2047. Only
	Part A, items1A and Part B shall be completed
• change of address notification	(requester's signature is <b>not</b> required).
from customer or USPS	
• "911" county-wide address	
changes	

\* \* \*

#### **B** Maintenance

All AD-2047's and related documentation shall be filed according to 25-AS, Exhibit 22 in file ADP-5 SCIMS and maintained for a period of 10 years.

## **198** Documenting Customer Data Changes in SCIMS (Continued)

# C Example of AD-2047

The following is an example of a completed AD-2047.

AD-2047			Form Approved – OMB No. 0560-0
		FOF AGRICULTURE vice Agency	
(08-04-09)	Rural De	velopment	
		Conservation Service	
CUSTOMER DATA		•	IS RECORD CHANGE
(See Page 2 for Privacy Act and Public Burden St		AL USE ONLY)	
PART A - CUSTOMER INFORMATION			
1A. Customer's Full Legal Name or Business Nat	me	1B. Customer or Busir	ness Address (Including Zip Code)
Christian A. Hunt		PO Box 10	
onriscian n. nanc		Harpers Ferry,	WV 25425
1C. Home Telephone Number (Area Code)	1D. Business Telephon	e Number (Area Code)	1E. Other Telephone Number (Area Code)
2. SSN or Tax ID Number (9 Digits)	3. E-Mail Address		4. Customer Wishes to Receive Mail?
2. Son of fax ib number (a bigits)			
			YES NO
5. Producer is Customer of One or More of the F	U ollowing Agencies. (Check	k Appropriate Agency(ies	) below:)
🛛 FSA 🔲 RD 🛛	NRCS Not	Participating	
6. Is the Customer a Multi-County Producer?	YES (If "YES," lis	t States and/or Counties	below:) 🔲 NO
Has farm in Berkeley County, WV			
<ol> <li>Reason for Request (Check appropriate box(e)</li> </ol>	s) below:)		
🔲 New Producer 🛛 🗙 Address Chang	e 🔲 Telephone Cha	ange 🔲 Sale/Purcha	ase 🔲 Life Event
Other (Specify):			
<ol><li>Enter the name of the customer requesting the</li></ol>	record change(s). If docu	umentation is received by	Fax or from a trusted source (i.e., USPS),
attach documentation to this form. Only Part A			
applicable blocks necessary to document the o			
(The only time the customer is required to a	sign Item 8B is when the	y are physically at a Sei	vice Center and providing FSA with
applicable information.)			
			, 3
	8B. Signati	ure	8C. Date of Record Change
BA. Name of Customer Requesting Change	8B. Signat	ure	8C. Date of Record Change (MM-DD-YYYY)
BA. Name of Customer Requesting Change	8B. Signat	ure	8C. Date of Record Change
3A. Name of Customer Requesting Change Christian Hunt	8B. Signat	ure	8C. Date of Record Change (MM-DD-YYYY)
3A. Name of Customer Requesting Change Christian Hunt PART B - SERVICE CENTER ACTION			8C. Date of Record Change ( <i>MM-DD-YYYY</i> ) 08-05-2009
A. Name of Customer Requesting Change Christian Hunt PART B-SERVICE CENTER ACTION A. Agency Who Received Request:	9B. Initials of Emp	ployee Receiving	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009 9C. Date Service Center Employee Received
A. Name of Customer Requesting Change Christian Hunt PART B - SERVICE CENTER ACTION A. Agency Who Received Request: (Check one below:)	9B. Initials of Emp	ployee Receiving ifferent than Item 12A)	8C. Date of Record Change       (MM-DD-YYYY)       08-05-2009       9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
A. Name of Customer Requesting Change Christian Hunt PART B - SERVICE CENTER ACTION A. Agency Who Received Request:	9B. Initials of Emp	ployee Receiving	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009 9C. Date Service Center Employee Received
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A. Name of Customer Requesting Change Christian Hunt PART B - SERVICE CENTER ACTION A. Agency Who Received Request: (Check one below:) X FSA NRCS RD 0. How the Request for Change was Received:	9B. Initials of Em Request <i>(If Di</i>	ployee Receiving ifferent than Item 12A) MPS	9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
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<ul> <li>A. Name of Customer Requesting Change</li> <li>Christian Hunt</li> <li>Christian Hunt</li> <li>Christian Hunt</li> <li>A. Agency Who Received Request: (<i>Check one below:</i>)</li> <li>FSA NRCS RD</li> <li>I. How the Request for Change was Received: Coffice Visit Telephone FAX</li> <li>I. Remarks if Applicable:</li> </ul>	9B. Initials of Emp Request (If Di USPS D Other (Spec	ployee Receiving ifferent than Item 12A) MPS	9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
<ul> <li>A. Name of Customer Requesting Change</li> <li>Christian Hunt</li> <li>Christian Hunt</li> <li>Christian Hunt</li> <li>A. Agency Who Received Request: (<i>Check one below:</i>)</li> <li>FSA NRCS RD</li> <li>I. How the Request for Change was Received: Coffice Visit Telephone FAX</li> <li>I. Remarks if Applicable:</li> </ul>	9B. Initials of Emp Request (If Di USPS D Other (Spec	ployee Receiving ifferent than Item 12A) MPS	9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
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A. Name of Customer Requesting Change Christian Hunt PART B - SERVICE CENTER ACTION A. Agency Who Received Request: (Check one below;) FSA NRCS RD 0. How the Request for Change was Received: Office Visit Telephone FAX 1. Remarks if Applicable: Address updated in SCIMS 08-05-20	9B. Initials of Emp Request ( <i>If Di</i> USPS Other (Spen 009	ployee Receiving ifferent than Item 12A) MPS	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009       9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009
A. Name of Customer Requesting Change Christian Hunt PART B - SERVICE CENTER ACTION A. Agency Who Received Request: (Check one below:) FSA NRCS RD 0. How the Request for Change was Received: Office Visit Telephone FAX 1 1. Remarks if Applicable: Address updated in SCIMS 08-05-20	9B. Initials of Emp Request ( <i>If Di</i> USPS Other (Spen 009	ployee Receiving ifferent than Item 12A) MPS	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009         9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009         12B. Date Service Center Employee Updating
A. Name of Customer Requesting Change Christian Hunt PART B - SERVICE CENTER ACTION A. Agency Who Received Request: (Check one below:) FSA NRCS RD 0. How the Request for Change was Received: Office Visit Telephone FAX 1 1. Remarks if Applicable: Address updated in SCIMS 08-05-20	9B. Initials of Emp Request ( <i>If Di</i> USPS Other (Spen 009	ployee Receiving ifferent than Item 12A) MPS	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009         9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009         12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY)
A. Name of Customer Requesting Change Christian Hunt PART B - SERVICE CENTER ACTION A. Agency Who Received Request: (Check one below:) FSA NRCS RD 0. How the Request for Change was Received: Office Visit Telephone FAX 1. Remarks if Applicable: Address updated in SCIMS 08-05-20	9B. Initials of Emp Request ( <i>If Di</i> USPS Other (Spen 009	ployee Receiving ifferent than Item 12A) MPS	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009         9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009         12B. Date Service Center Employee Updating
BA. Name of Customer Requesting Change         Christian Hunt         Christian Hunt         CART B - SERVICE CENTER ACTION         DA. Agency Who Received Request: (Check one below)         Image: Service Center Action         DA. Agency Who Received Request: (Check one below)         Image: Service Center Action         DA. Agency Who Received Request: (Check one below)         Image: Service Center Action         Image: Service Center         Image: Service Cent	9B. Initials of Emp Request ( <i>If D</i> USPS D Other (Spen 009	oloyee Receiving ifferent than Item 12A) MPS cify):	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009         9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009         12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009
BA. Name of Customer Requesting Change         Christian Hunt         PART B - SERVICE CENTER ACTION         PA. Agency Who Received Request: (Check one below:)         Image: Service Center Action         PA. Agency Who Received Request: (Check one below:)         Image: Service Center Action         PA. Agency Who Received Request: (Check one below:)         Image: Service Center Action	9B. Initials of Emp Request ( <i>If D</i> ) USPS Other (Spe 009	oloyee Receiving ifferent than Item 12A) MPS cify):	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009         9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009         12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009         JSE ONLY.
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BA. Name of Customer Requesting Change         Christian Hunt         PART B - SERVICE CENTER ACTION         BA. Agency Who Received Request: (Check one below:)         Image: Service Change was Received: (Check one belo	9B. Initials of Emp Request ( <i>if D</i> ) USPS Other (Spectrum) 009 not initialed in Item 9B. STRICT DIRECTOR/ARE/ e been properly updated.	oloyee Receiving ifferent than Item 12A) MPS cify): A CONSERVATIONIST I	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009         9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009         12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009         JSE ONLY.
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BA. Name of Customer Requesting Change         Christian Hunt         PART B - SERVICE CENTER ACTION         BA. Agency Who Received Request: (Check one below:)         Image: Service Center Action         BA. Agency Who Received Request: (Check one below:)         Image: Service Center Action         BA. Agency Who Received Request: (Check one below:)         Image: Service Center Action	9B. Initials of Emp Request ( <i>if D</i> ) USPS Other (Spectrum) 009 not initialed in Item 9B. STRICT DIRECTOR/ARE/ e been properly updated.	oloyee Receiving ifferent than Item 12A) MPS cify): A CONSERVATIONIST I	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009         9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009         12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009         JSE ONLY.         curr       Do Not Concur
BA. Name of Customer Requesting Change         Christian Hunt         Christian Hunt         PART B - SERVICE CENTER ACTION         DA. Agency Who Received Request: (Check one below.)         Image: Service Center Action         DA. Agency Who Received Request: (Check one below.)         Image: Service Center Action         DA. Agency Who Received Request: (Check one below.)         Image: Service Center Action         DO: How the Request for Change was Received:         Image: Service Center Action         DO: How the Request for Change was Received:         Image: Service Center Action         DO: How the Request for Change was Received:         Image: Service Center Action         Image: Service Center Center Acting Center         Image: Ser	9B. Initials of Emp Request ( <i>if D</i> ) USPS Other (Spectrum) 009 not initialed in Item 9B. STRICT DIRECTOR/ARE/ e been properly updated.	oloyee Receiving ifferent than Item 12A) MPS cify): A CONSERVATIONIST I Conc 13C. Signature of Dist	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009         9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009         12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009         JSE ONLY.         cur       Do Not Concur         rict Director/Area Conservationist for Spot Check
A. Name of Customer Requesting Change Christian Hunt PART B - SERVICE CENTER ACTION A. Agency Who Received Request: (Check one below;) FSA NRCS RD 0. How the Request for Change was Received: Office Visit Telephone FAX 1. Remarks if Applicable: Address updated in SCIMS 08-05-20 2A. Signature of Employee Updating SCIMS if r FOR DI: 3A. I concur/do not concur the above items have 3B. Name of District Director/Area Conservation	9B. Initials of Emp Request ( <i>if D</i> ) USPS Other (Spectrum) 009 not initialed in Item 9B. STRICT DIRECTOR/ARE/ e been properly updated.	oloyee Receiving ifferent than Item 12A) MPS cify): A CONSERVATIONIST I	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009         9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009         12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009         JSE ONLY.         cur       Do Not Concur         rict Director/Area Conservationist for Spot Check
BA. Name of Customer Requesting Change         Christian Hunt         PART B - SERVICE CENTER ACTION         PA. Agency Who Received Request: (Check one below:)         Image: Service Change was Received: (Check one belo	9B. Initials of Emp Request ( <i>if D</i> ) USPS Other (Spectrum) 009 not initialed in Item 9B. STRICT DIRECTOR/ARE/ e been properly updated.	oloyee Receiving ifferent than Item 12A) MPS cify): A CONSERVATIONIST I Conc 13C. Signature of Dist	8C. Date of Record Change (MM-DD-YYYY) 08-05-2009         9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009         12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009         JSE ONLY.         cur       Do Not Concur         rict Director/Area Conservationist for Spot Check

#### **198** Documenting Customer Data Changes in SCIMS (Continued)

#### C Example of AD-2047 (Continued)

AD-2047 (08-04-09) Page 2 of 3 The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is OMB Circular A-123, the Federal Managers' Financial Integrity Act of 1982, and the Privacy Act of 1974 Note: (5 USC 552a - as amended). The information will be used to document a request for critical producer data changes within the Service Center Information Management System (SCIMS). The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to request changes within SCIMS. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0265. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer

**199-206** (**Reserved**)

## Part 8 Changing or Viewing Name and Address Record

207 Producer Se	election Screen MACI1001
A Purpose	Screen MACI1001 allows users to select a customer or employee whose supplemental data needs changing or viewing.
B Accessing Screen MACI1001	When users select option "1" on Menu MACI00, Screen MACI1001 will be displayed.
C Example of Screen MACI1001	Following is an example of Screen MACI1001.
	Producer Selection To select a Producer please input one of the following. Last Four Digits of ID XXXX ID Number XXX-XX-XXXX Type X Last Name XXXXXXXXXXXXXXXXXXX

Continued on the next page

Enter-Continue

Cmd7-End

#### D

Entries on Screen MACI1001 Follow 1 of these procedures to select a producer.

# FieldEntryLast Four Digits of IDEnter the producer's last 4 digits of the ID<br/>number.ID Number and TypeEnter the producer's:• full ID number• full ID number• ID type.Enter the producer's last name or part of the<br/>last name.

#### Е

"Last Four Digits of ID" Field If the "Last Four Digits of ID" field was entered, follow this table.

IF	THEN	Action
only 1 ID number on the name and address file matches the entry	Screen MACI2001 will be displayed.	
more than 1 ID number on the name	Screen MACR0801 will be displayed.	Select the producer.
and address file matches the entry		Result: Screen MACI2001 will be displayed.

#### F

"ID Number and Type" Field

If the "ID Number and Type" field was entered, follow this table.

IF	THEN	Action
only 1 ID number and ID type on the name and address file matches the entry	Screen MACI2001 will be displayed.	
more than 1 ID number and ID type on	Screen MACR0801 will be displayed.	Select the producer.
the name and address file matches the entry		Result: Screen MACI2001 will be displayed.

#### G "Last Name" Field

If the "Last Name" field was entered, follow this table.

IF	THEN		Action
only 1 last name on the name and address file matches the entry	Screen MACI2001 will be displayed.		
more than 1 last name on the name and	Screen MACR0801 will be displayed.	Select the	e producer.
address file matches the entry		Result:	Screen MACI2001 will be displayed.

#### Η Summary

Users can make changes to supplemental data or view the producer's name and address record.

# A

Purpose

After a producer has been selected on Screen MACI1001, Screen MACI2001 will be displayed. Screen MACI2001 allows the user to view name and address data for a customer that was downloaded from SCIMS. In addition, the user may add supplemental data for the customer.

#### B

Example of Screen MACI2001

Following is an example of Screen MACI2001.

355-NUECES me and Address - File Maintenanc	e Version:			MACI2 001 15:50	
Indivi	dual Basic Da	ta			
ID Number 452-84-3028 ID Type Name for Mail MARY Z NEMEC	S Name T	ype I	Ent:		CY 01 CY-1 01 CY-2 01
	First Name MARY		nd Name	S	Suffix
Mailing Address: 1st Line 2nd Line		HAECKE	R	Car-Rt	R001
	State TX	Zip	Code 78	108 9501	
City-Province Foreign Country Telephone 000 000 0000 Rece Other Phone 000 000 0000	ive Mail N			Vote ustomer	
Sex 1 Race Empl Handicap Type COC	oyee and LAA 00	Com Req	mittee Me uired Spo	ember or ot Check	CED N
17-End, Cmd3-Previous, Cmd13-Mor	e Data		(U)pdate	, Enter-O	Continue

С

EnteringEnter supplemental data for the customer according to the following table.SupplementalEnter supplemental data for the customer according to the following table.Data on ScreenMACI2001

Field	Description	Entry
Eligible to Vote	Each record containing "Y" in the "Eligible to Vote for Committee Member" field is printed when the election ballot's print option is selected, regardless of the "receive mail" flag.	<ul> <li>For individuals and businesses, ENTER:</li> <li>"Y" if eligible</li> <li>"N" if ineligible.</li> <li>Note: For CMA or LSA, must be "N".</li> </ul>
Farm Loan Customer	<ul> <li>Indicates that the customer is a farm loan customer.</li> <li>Defaults to "N" for newly created records.</li> <li>Changes to "Y" if the customer is a farm loan customer.</li> <li>Note: The following fields must have been entered in SCIMS before changing to "Y": <ul> <li>"Name Prefix"</li> <li>"Veteran Status"</li> <li>"Marital Status".</li> </ul> </li> </ul>	<ul> <li>For individuals and businesses, ENTER:</li> <li>"Y" if a farm loan customer</li> <li>"N" if not a farm loan customer.</li> </ul>
Committee Member or CED	<ul> <li>For current committee members only.</li> <li>Notes: An entry of COC or STC results in the individual being a required spot check.</li> <li>The customer must be designated as an employee.</li> <li>For current COC or CMC alternates.</li> <li>For CED in the County Office where employed.</li> </ul>	Enter 1 of the following: <ul> <li>"COC"</li> <li>"CMC"</li> <li>"STC".</li> </ul> <li>ENTER "ALT".</li> <li>ENTER "CED".</li>
	For the advisor.	ENTER "ADV".

#### C Entering Supplemental Data on Screen MACI2001 (Continued)

Field	Description	Entry
Required Spot Check	<ul> <li>System sets flag to "N". If the producer is a current FSA employee, spouse or minor child of an employee, current STC or COC member, or spouse or minor child of a member, the flag is required to be set to "Y".</li> <li>Note: For an FSA employee, SCIMS will set the flag to "Y".</li> </ul>	<ul> <li>For individuals and businesses, change to "Y" for required spot checks.</li> <li>For individual MQ review and committee members, change to "T".</li> <li>Note: See 15-AO and 2-CP.</li> </ul>
COC and LAA	<ul> <li>The "COC and LAA" field is 2 characters.</li> <li>The first entry in the field is the COC number for the county associated with the producer.</li> <li>The second entry in the field is LAA associated with the producer.</li> <li>Acceptable data for both fields can be found in the LAA file. See 15-AO, Part 3, Section 4 for further information.</li> <li>Note: Do not update the "COC and LAA" field until the LAA file is updated through LAA data maintenance according to 15-AO, Part 3, Section 4.</li> </ul>	Enter COC and LAA for the producer according to 15-AO, Part 3, Section 4.

#### D

Updating DataUpdate supplemental customer data entered on Screen MACI2001 according to<br/>the following table.ScreenMACI2001

IF all fields on Screen MACI2001 are	THEN
correct and no additional customer data needs to be added	ENTER "U" and PRESS "Enter".
correct and additional customer data needs to be added	PRESS "Enter".
incorrect	<ul> <li>move the cursor directly over the incorrect entry</li> <li>enter the correct entry</li> <li>PRESS "Enter" or ENTER "U" to update.</li> </ul>

#### E Exiting From Screen MACI2001

On Screen MACI2001, do either of the following:

- PRESS "Cmd3" to return to Screen MACI1001
- PRESS "Cmd7" to return to Menu MACI00.

#### 209 Supplemental Data Screen MACI2501

A

Purpose

After pressing "Enter" on Screen MACI2001, Screen MACI2501 will be displayed. Screen MACI2501 allows the user to enter additional supplemental data for the customer.

**Example of** Following is an example of Screen MACI2501. Screen **MACI2501** 223-HOPKINS MACI2501 Change Name and Address - File Maintenance Version: AE24 8/07/2001 11:13 Term F2 ---------Supplemental Data Name for Mail DON J FALK ID Number 449-66-2234 ID Type S Spouse ID Type Spouse ID NONE Spouse Auth To Sign N FOIA Ν Foreign Person Ν Foreign Person Tax Rate .00 Lawful Alien Ν Refuse Payment Ν Direct Deposit Ν Beef Producer Ν Deceased Person Ν Dairy Producer Dairy Termination Honey Producer Ν Incompetent Person Ν Ν Minor Person Ν Ν Missing Person Ν MO Review Member Ν Referendum Member Ν Cmd7-End, Cmd3-Previous (U)pdate, Enter-Continue

#### С **Entries on** Screen **MACI2501**

B

The following table describes the fields and flags on Screen MACI2501.

Field	Description	Entry
Spouse ID	<ul><li>This is a 9-digit field.</li><li>Note: The spouse's ID must be in the name and address file.</li></ul>	Enter the spouse's 9-digit number.
Spouse ID Type	This is the spouse's ID type that is on the name and address file.	<ul> <li>Enter 1 of the following:</li> <li>"S" if a Social Security number</li> <li>"T" if a temporary number</li> <li>"T" if an IRS-assigned number.</li> </ul>

Continued on the next page

1-CM (Rev. 3) Amend. 1

#### C Entries on Screen MACI2501 (Continued)

Field	Description	Entry
Spouse Auth To Sign	This is a 1-character field set to "Y".	<ul> <li>Enter either of the following:</li> <li>"Y" when the spouse ID is entered</li> <li>"N" when written notification denying authority has been provided to the County Office, or the producer is not married. See subparagraph 707 B.</li> </ul>
FOIA	This is a 1-character field set to "N". If the entity being processed is considered a business, rather than an individual, or is a COC or CMC member, see 2-INFO.	ENTER "Y", if applicable.
Foreign Person Tax Rate	This is a 3-character field. If the "foreign person" flag is set to "Y", enter the decimal tax rate.	Enter the tax rate from 62-FI.
Refuse Payment	This is a 1-character field set to "N".	<ul> <li>ENTER "Y" if the producer refuses payment for all programs. When set to "Y", document the reasons in the producer's file.</li> <li>Example of What "Refuse payment" flag has been to Document: set to "Y" for an invalid number.</li> </ul>
Direct Deposit	This is a 1-character field set to "N".	ENTER "Y" if the producer wants payments to be made directly to established accounts in financial institutions.

C Entries on Screen MACI2501 (Continued)

Field	Description	Entry
Beef Producer	This is a 1-character field set to "N".	ENTER "Y", if applicable.
Dairy Producer	This is a 1-character field set to "N".	ENTER "Y", if applicable.
Dairy Termination	This is a 1-character field set to "N".	ENTER "Y", if applicable.
Honey Producer	This is a 1-character field set to "N".	ENTER "Y", if applicable.
Deceased Person	This is a 1-character field set to "N".	Note: Change flags through fiduciary
Incompetent	This is a 1-character field set to "N".	software.
Person		
Minor Person	This is a 1-character field set to "N".	
Missing Person	This is a 1-character field set to "N".	
MQ Review	This is a 1-character field set to "N".	ENTER "Y", if applicable, according to
Member		15-AO.
Referendum Member	This is a 1-character field set to "N".	

#### 209 Supplemental Data Screen MACI2501 (Continued)

D

**Accessing Screen** 

Follow this procedure to access Screen MACI3001.

# **MACI3001**

IF all fields on Screen MACI2501 are	THEN
correct	PRESS "Enter".
	<b>Result:</b> Screen MACI3001 will be displayed.
incorrect	• move the cursor directly over the incorrect entry
	• enter the correct entry
	• PRESS "Enter".

Е **Exiting From** Screen **MACI2501** 

On Screen MACI2501, do either of the following:

- PRESS "Cmd3" to return to Screen MACI2001 •
- PRESS "Cmd7" to return to Menu MACI00. .

#### A Puri

Purpose

After pressing "Enter" on Screen MACI2501, Screen MACI3001 will be displayed. Screen MACI3001 allows the user to enter additional supplemental data about the customer.

## B

Example of Screen MACI3001

Following is an example of Screen MACI3001.

	Additi	onal Supplemen	ntal Data	
ID Number	449-66-3028 N	ame for Mail	DON J FALK	
ID Type	S			
Tobacco Sta	bilization ID Numb	er 000000		N
			Mailing List 2	
	colled Paymt Limita			
Foreign Cor	trolled - AFIDA	N	- J	N
			Mailing List 5	
			Mailing List 6	N
			Mailing List 7	N
			Mailing List 8	N

С **Entries on** 

The fields and flags for Screen MACI3001 are described in this table.

# Screen

#### **MACI3001**

Field	Description	Entry
Tobacco Stabilization ID Number	This will be used in flue-cured tobacco processing.	Enter the producer's ID number assigned by flue-cured stabilization.
Alien Controlled Paymt Limitation	This is a 1-character flag defaulted to "N". See 1-PL, paragraph 236.	ENTER "Y" for entities that have more than 10 percent of their beneficial interest held by individuals who are foreign persons.
Foreign Controlled - AFIDA	This is a 1-character flag defaulted to "N". See 1-AFIDA.	ENTER "Y", if applicable.
Mailing Lists 1 Through 8	Mailing lists 1 through 8 can be used with shell documents. See 3-CM.	

D	
Exiting From	Т
Screen	
<b>MACI3001</b>	•

o exit from Screen MACI3001, do either of the following:

- - PRESS "Cmd3" to return to Screen MACI2501
  - PRESS "Cmd7" to return to Menu MACI00. .

Cmd7-End

Cmd3-Previous

A Purpose	Screen MACI3501 displays all of the applic associated.	ations with which the producer is	
B Accessing Screen MACI3501	PRESS "Enter" on Screen MACI3001 to di	isplay Screen MACI3501.	
C Example of Screen MACI3501	This is an example of Screen MACI3501. XXX-X. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Change MACI3501 0000 0000000 00000 TERM 00	
	Application Us	se Flags	
	ID Number & Type 355 35 5555 S Name for M	Mail SANDRA L DENNY	
	Agricultural Conservation ProgramYConservation Reserve ProgramYOther Conservation ProgramYFiduciaryN	Commodity Loan N Livestock Feed Program Y Farm Loan Program Y Power of Attorney Y	
	Producer ActiveCurrent YearActiveYMulti-CountyNCombinedN	Previous Year5-CMYYNNNNNN	
	Assigned Payment N Claims N Other Agency Claims N	Bankruptcy N Joint Payee N Receivables N	

(U)pdate, Enter-Continue U

#### D

Flags SetThe application use flags for the fields in this table are set through applicationThroughprocessing and cannot be changed by the user. All fields are 1 character and willApplicationbe set to "Y" or "N".ProcessingProcessing

Field	Application That Sets Flag
Agricultural Conservation Program	CRES software
Commodity Loan	Price support software
Conservation Reserve Program	CRP software
Livestock Feed Program	LFP software
Other Conservation Program	CRES software
Farm Loan Program	FLP software
Fiduciary	Fiduciary software
Power of Attorney	Power of attorney software
<ul> <li>Active Producer flag is "Y" when the ID number is active on the farm producer file or the permitted entity file for the:</li> <li>Current Year</li> <li>Previous Year</li> <li>5-CM</li> </ul>	Subsidiary software. <b>Notes:</b> Current year and previous year fields are subsidiary years, <b>not</b> crop years.
<ul> <li>Multicounty Producer flag is "Y" when the ID is an active producer in more than 1 county, including cooperatives and loan servicing agents, for the:</li> <li>Current Year</li> </ul>	5-CM field indicates outstanding CRP-1's handled under 5-CM rules rather than 1-PL.
<ul><li>Current Year</li><li>Previous Year</li></ul>	
• 5-CM	
Combined Producer for:	
<ul> <li>Current Year</li> <li>Previous Year</li> <li>5-CM</li> </ul>	

## 211 Changing or Viewing Application Use Flags Screen MACI3501 (Continued)

#### Е

User Changes

The application use flags for the fields in this table can be changed by the user. All fields are 1 character.

Field	Flag Setting	Action
Assigned Payment	"Y" when customer has CCC-36 on file.	ENTER "N" when customer no longer has CCC-36 on file.
Bankruptcy	"N"	ENTER "Y" if customer has bankruptcy on file.
Claims	Claims software will set to "Y" when producer has claim due FSA or CCC.	ENTER "N" when the producer no longer has a claim on file according to 58-FI.
Joint Payee	Set to "Y" if producer has CCC-37 on file.	ENTER "N" when producer no longer has CCC-37 on file.

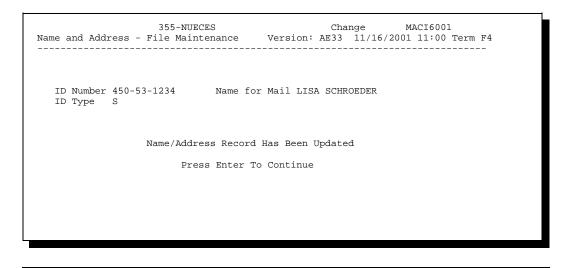
#### 211 Changing or Viewing Application Use Flags Screen MACI3501 (Continued)

#### E User Changes (Continued)

Field	Flag Setting	Action
Other Agency Claims	"N"	ENTER "Y" for:
		• a producer with an other agency claim on file
		<ul> <li>processing setoffs on INTPEN payments due a producer or vendor.</li> </ul>
		* * *
Receivables	Receivable software will set to "Y" if producer has receivable	ENTER "N" when producer no longer has receivable on file
	on file.	according to 58-FI.

### F Updating Record

After all changes are made, ENTER "U" to update the record. Screen MACI6001 will be displayed as follows.



A Purpose	Screen MACI4001 allows users to change supplemental data or view basic data for a spouse.
B Accessing Screen MACI4001	If a spouse ID was entered on Screen MACI2501, Screen MACI4001 will be displayed.
C Example of Screen MACI4001	This is an example of Screen MACI4001.
	Spouse Basic Data
	ID Number 222-11-0255 ID Type S Name Type I Entity Type CY 01 CY-1 01 Name for Mail KIM FRANKLE CY-2 01 Last Name First Name Second Name Suffix FRANKLE KIM
	Mailing Address:1st LineP O BOX 111Car-Rt B007 2nd LineCityMARKETState ALZip Code 35666 5555City-Province Foreign CountryTelephone000 000 0000Receive MailNTelephone000 000 0000Farm Loan CustomerMOther Phone 000 000 0000Farm Loan CustomerMSex2RaceEmployeeCommittee Member or CEDHandicap TypeCOC and LAA12Required Spot CheckNCmd7-End, Cmd3-Previous, Cmd13-More DataEnter-Continue

213-222 (Reserved)

Parts 9-11 (Reserved)

223-275 (Reserved)

# 276 KC-ITSDO Name and Address Files

A Name and Address Database Contents	<ul> <li>KC-ITSDO maintains a name and address database that contains:</li> <li>essentially the entire name and address record for all producers and facilities recorded in County files</li> <li>other flags created by KC-ITSDO from CAD- and NASS-uploaded records.</li> </ul>
B Database Purpose	<ul> <li>The name and address database is used for:</li> <li>subsidiary file processing</li> <li>providing data to other USDA agencies</li> <li>responding to FOIA requests from Congress, private individuals, and organizations</li> <li>preparing CCC-1099-G's.</li> </ul>

A Updates	Changes to the name and address file will generate transmission to KC-ITSDO for processing.
B County Office Transmissions	Name and address updates are automatically transmitted to KC-ITSDO. The system will:
	• start a new transmission cycle to transmit name and address records at the completion of each transmission cycle
	<b>Note:</b> When the download is received from KC-ITSDO, the system will automatically queue and send the next upload.
	• establish a control record with the count of records for each transmission
	• keep a record of each transmission by system date.
C KC-ITSDO Processing	A transmission file is sent to KC-ITSDO for processing by County transmission. The transmission file contains:
	<ul><li>a control record with the number of records that are transmitted</li><li>the updated name and address records since the last transmission.</li></ul>
	<b>Note:</b> Subsidiary files are transmitted at the same time as the name and address file.

D Control Record	The control record is used for KC-ITSDO to:
	• balance each County transmission file to the County transmission control record to ensure that no records are lost during transmission
	• keep a record of Counties that have not transmitted
	• lock out transmissions to:
	<ul> <li>allow KC-ITSDO sufficient time to process all updates</li> <li>avoid receipt of duplications of the updates by KC-ITSDO</li> </ul>
	• remove lockout to allow the next transmission of name and address updates
	• retransmit name and address and subsidiary file records, if necessary, because of a transmission problem or disk crash.

**E Update Database** The transmissions update the database that updates the KC-ITSDO file. B

A Purpose	KC-ITSDO will balance each County transmission file to the County control record that was created in the County Office to ensure that no records are lost during transmission.
B In-Balance	If the record count received by KC-ITSDO is in-balance with the transmission control record, the following will occur:
	• KC-ITSDO will accumulate the records received in the transmission until it is time to process
	• County Offices will be allowed to update records in name and address file while lockout is in effect
	• the control record will:

- be displayed during start-of-day processing with the message, "The County Transmission File is IN-BALANCE for XXXXX County"
- remove lockout to allow transmissions. •

C Out-of-Balance	<ul> <li>If the record count received by KC-ITSDO is out-of-balance with the County control record, KC-ITSDO will immediately, after receiving the control record:</li> <li>reject the entire transmission without updating KC-ITSDO name and address file</li> </ul>
	• return the control record to the transmitting County, requesting retransmission.
	Note: The control record will:
	<ul> <li>be displayed during start-of-day processing with the message, "The County Transmission File is OUT-OF-BALANCE Retransmit Files Immediately"</li> </ul>
	remove lockout for retransmission
	• after retransmission, lock out further name and address transmissions until a control record is received
	<ul> <li>allow County Offices to update records in name and address file while lock out is in effect.</li> </ul>
D Downloading Subsidiary Files	After the file is transmitted, it takes about 1 week to receive the download of subsidiary files from KC-ITSDO.

A Purpose	The "Missing Counties Report" identifies Counties that have not transmitted their name and address updates for the week shown on the report.
B State Office Action	State Offices shall review this report weekly. Notify the applicable County to retransmit their name and address updates.
C Diagram	This diagram is an example of Report KCMO-MKP300R1.
KCMO-MKP300R1 STATE: 01-ALABAMA	U.S. DEPARTMENT OF AGRICULTURE JOB NO: 070695001 07-06-95 PAGE 1 FARM SERVICE AGENCY KANSAS CITY MANAGEMENT OFFICE
	MISSING COUNTIES REPORT
ST/CTY	PRIOR ACCEPTED TRANSMISSION LAST CURRENT TRANSMISSION DUNTY NAME CROP DATE NO. REC IN-BAL CROP DATE NO. REC IN-BAL
CODE	ABBR YR TRANS TRANSMITTED FLAG YR TRANS TRANSMITTED FLAG

101 Y

64

29

52

Y Y Y

00-00-00

00-00-00

00-00-00

00-00-00

0

0

0

0

00

00

00

00

#### (Reserved) 280-290

01 333

01 444

01 531

01 677

CALVERT

FRANKLIN

JEFFERSON

LIVINGSTON

95

95

95 95

95-06-26

95-06-19

95-06-27 95-06-27

#### Part 13 Menu MACI00, Options 3 and 4

#### Section 1 Name and Address Reports

# 291 **Accessing Name and Address Reports** A **Purpose** Menu MAB100 allows users to select specific Name and Address reports to print. B When users take option "3" from Menu MACI00, Menu MAB100 will be Accessing Menu MAB100 displayed. С **Example of** This is an example of Name/Address Report Menu MAB100. Menu MAB100 COMMAND MAB100 во Name/Address - Report Menu Reserved Print Incomplete Name/Address Records Print List of Farm Loan Program Borrowers With Multiple "Y" FLP Flags in Name and Address Print List of Eligible Voters Assigned to an Invalid COC/LAA

23. Return to Application Selection Menu 24. Return to Primary Selection Menu

Cmd3-Previous Menu

\* option not available

Ready for option number or command

A Purpose	This option allows County Offices to print a list of incomplete name and address records in the County Offices.
B Accessing List	ENTER "2" on Menu MAB100. Report MAB010 will be generated.
293 Printing Farm	n Loan Programs Borrowers With Multiple "Y" FLP Flags
A Purpose	This option allows County Offices with multiple sets of county files on 1 AS/400 to print a list of borrowers with an FLP flag of "Y" in more than 1 county on the system.
B Accessing Report	ENTER "3" on Menu MAB100. Report MAB174 will be generated.
294 Printing List	of Eligible Voters Assigned to an Invalid COC or LAA
A Purpose	This option allows County Offices to print Report MAB175-R001, which lists producers assigned a COC or LAA number that does not exist on the LAA file.
B Accessing Report	ENTER "4" on Menu MAB100. If any producers with invalid COC or LAA numbers are on the Name and Address file, Report MAB175-R001 will be generated.

A Background	KC-ITSDO has completed software that will:
	• validate customers' address records to the USPS database to ensure that they contain the USPS standardized address
	• update customers' records that match the USPS database with ZIP+4.
	KC-ITSDO began validating customer address records in SCIMS beginning April 17, 2002. Customer address records that are changed during validation or have ZIP+4 Code, carrier route, or bar code added will download to the customers' legacy counties the following day.
	County Offices will <b>not</b> be notified of a change or addition to the customer's address record. A change or addition to the customer's record will be received by the county in the same method as if the customer had been accessed in SCIMS and the change mode.
	Once the ZIP+4 process has occurred in SCIMS, "MA Wssccc" transmission files will be created and transmitted to each county where the customer's address was updated.
	In addition, the software provides the following:
	<ul> <li>ZIP Code validation</li> <li>addition of carrier route and validation</li> <li>addition of delivery point bar code</li> <li>address for standardization and validation</li> <li>PS-3553 for use in bulk mailing.</li> </ul>
	<b>Note:</b> PS-3553 will be provided to County Offices in a notice upon completing the validation process.
B Purpose	This paragraph provides the following to County Offices:
	<ul> <li>procedure to process ZIP+4 records</li> <li>instructions on correcting customers identified with incorrect addresses*</li> </ul>

С	
Customers in	Validation for SCIMS customers will be processed on the SCIMS database by
SCIMS	KC-ITSDO. Updates to customers' addresses to match the USPS database and to add the ZIP+4 Code, carrier route, and bar code will automatically download to legacy links identified for the customer. The updated records will be added to legacy link counties' AS/400 name and address record for the customer.
D	
Customers in the	Customers that reside in the county's AS/400 "Other Name and Address" file will
Other Name and	be uploaded to KC-ITSDO and processed. Customers' address records that match
Address File	the USPS database will have their ZIP+4 Code, carrier route, and bar code added to their record. After processing, KC-ITSDO will download the customer records

back to the county where originated.

E

Processing Downloaded Files

After receiving the KC-ITSDO download, County Offices shall access the option to process the download according to the following table.

Action	Result
On Menu FAX07001, ENTER "9" and PRESS	Screen MA000001 will be displayed.
"Enter".	The message, <b>"File containing the ZIP+4</b> validation records is present on the system. Process this file by selecting Option 5 on Menu MACI00.", will be displayed.
PRESS "Enter".	Menu MA0000 will be displayed.
ENTER "2" and PRESS "Enter".	Menu MACI00 will be displayed.
ENTER "5" and PRESS "Enter".	Screen MABPRT01 will be displayed.
Select the printer to be used for Report MAB072-R001 and PRESS "Enter".	ZIP+4 updates will process and Report MAB072-R001 will automatically print.
	On Menu FAX07001, ENTER "9" and PRESS "Enter". PRESS "Enter". ENTER "2" and PRESS "Enter". ENTER "5" and PRESS "Enter". Select the printer to be used for Report MAB072-R001

F Records Updated During Validation	The validation software process will update customers' address records from both SCIMS and the AS/400 "Other Name and Address" file, which can be identified during validation as incorrect.	
	<b>Examples:</b> The County Office entered the customer's record as:	
	Susan Smith 5200 Brentwood St. Louis, Missouri 63140.	
	The USPS standardized address for this address is:	
	Susan Smith 5200 Brentwood Dr Saint Louis, Missouri 63140-2727.	
	During validation, the address would be changed to reflect the USPS standardized address. If the customer is a SCIMS customer, the change would be made on the SCIMS database and downloaded to all legacy links identified for the customer. The address will be updated in all counties' AS/400 name and address records where the customer's legacy link exist.	
	If the customer is in the "Other Name and Address" file, the record will update in the county's AS/400 when the download is processed.	
G Records That Could Not Be Updated	Customer records from both SCIMS and "Other Name and Address" files that could not be identified or were not updated with ZIP+4 will be listed on Report MAB072-R001. Upon completing the download, Report MAB072-R001 will print that identifies customers from both SCIMS and "Other Name and Address" files that did not pass the validation. County Offices shall correct these addresses.	
	Report MAB072-R001 will:	
	• identify the customer's record with return codes indicating the major reason that the customer record was not updated and the reason why	
	• automatically print after ZIP+4 processing is complete*	

A Report MAB072-R001	Name and address records that contained errors and could not be updated with the USPS standardized address list are listed on Report MAB072-R001. Report MAB072-R001 lists return codes indicating the major reasons the record could not be updated.
	<b>Note:</b> To reprint Report MAB072-R001, select option 3, "Name/Address Reports", from Menu MACI00, and then select option 1, "Print ZIP+4 Non-Updated Report", from Menu MAB100.
B Correcting Records Identified on Report MAB072-R001	<ul> <li>County Offices shall review Report MAB072-R001. Compare the return codes on Report MAB072-R001 against the return codes in subparagraph E, and determine corrections required to produce a valid address. Methods of obtaining a correct mailing address may include, but are not limited to, the following:</li> <li>telephoning customers</li> <li>contacting local postmasters</li> <li>telephone directories</li> <li>USPS website.</li> </ul>
C Example of Report MAB072-R001	This is an example of Report MAB072-R001.
XXXCOUNTY NAMEXXX Report ID: MAB072-R001	U.S. Department of Agriculture Prepared: MM-DD-YY Agriculture Stabilization and Conservation Service ZIP+4 Non-Updated Address Report Page: ZZZ9
Rec. Type ID Number Name 00 462953208 S HALI	RICK 123 BAD RIVER RD YORK CITY SD 57332-0000 H H H H H H
00 369258836 S IRV 40 999991103 F FARM	

--\*

Continued on the next page

END-OF-REPORT

#### D Headings for Report MAB072-R001

The headings for the return codes indicating the major reasons the record could not be updated are shown in this table.

Heading	Definition	
GEN	General reason for the failure of the address match attempt	
DIR	IR Directional mismatch	
SUF	Suffix mismatch	
	Examples: ST, BLVD, etc.	
APT	Apartment does not match database	
STA	Standardized address does not match database	
CST	City/State does not match database	
ZIP	ZIP Code not available	
ZP4	ZIP+4 coding attempt failed	
CRT	Carrier route coding attempt failed	

# EInterpretingReport MAB071-R001 is sorted by last or business name. Record types of "00"<br/>are customer records that reside in SCIMS. County Offices must access SCIMS<br/>and correct the record.

Record types greater than "00" reside in the county's AS/400 "Other Name and Address" file and should be corrected by following paragraph 934.

County Offices shall use this table to identify why customers' records on Report MAB072-R001 were not updated.

Return Code	Definition		
А	Apartment number was missing or not found in the database and an apartment level match was required.		
В	Insufficient (or blank) address information to make a match.		
С	C The probability of the address match being correct exceeded an acceptable level.		
D	The directional code did not match the database.		
Н	H House or box number was not found on this street.		
L	L The returned address was too long to be stored.		
М	Multiple matches were found.		
N	<ul> <li>In the:</li> <li>"DIR" column, directional was not found on input address but was present on the database</li> <li>"SUF" column, suffix was not found on input address but was present on the database</li> <li>"APT column, an apartment was not found on input address but was present on the database.</li> </ul>		
0	In the "GEN" column, "O" means an address could not be matched because of the directional code.		
S	Street name was not found on the database.		
Х	Records not updated because changes in the County Office record do not match the KC-ITSDO mainframe-downloaded record.		
Z	ZIP Code was not found on the database.		

# **297-304** (Reserved)

7-1-03

# 305 Updating COC and LAA Data in Name and Address File

A Updating Data	County Offices <b>must</b> update the COC and LAA data in the LAA file according to 15-AO, Part 3, Section 4 <b>before</b> updating the Name and Address file.
B Methods of Making COC and LAA Data Changes	<ul> <li>County Offices may change COC and LAA data in the Name and Address file using either of the following methods:</li> <li>individually, by updating the producer's Name and Address record</li> <li>globally, by revising the COC or LAA number for all producers that share that COC or LAA number.</li> </ul>
C Changing COC and LAA Data Using Global	County Offices shall follow this table to change the COC and LAA data using the global method.

Step	Menu or Screen	Action
1	FAX250	Enter either of the following.
		<ul> <li>"3", "Application Processing (Headquarters Office)". Go to step 3.</li> <li>"4", "Application Processing (Office Selection)". Go to step 2.</li> </ul>
2	FAX09002	Enter the applicable county.
3	FAX07001	ENTER "9", "Common Provisions".
4	MA0000	ENTER "2", "Producer Name and Address Maintenance".
5	MAB000	ENTER "4", "COC/LAA Change".

Continued on the next page

Method

C Changing COC and LAA Data Using Global Method (Continued)

Step	Menu or Screen	Action
6	MAB011	ENTER "1", "COC/LAA Change (Old/New)".
		<b>Note:</b> This is the global change option for the Name and Address file.
7	MAB09401	• Enter the old COC or LAA.
		<b>Note:</b> In the "Old COC/LAA" field, enter the COC or LAA number that needs to be changed.
		• The first digit is the COC number assigned by the AS/400 in the COC and LAA file.
		• The second digit is the number of the LAA within this COC's or area committee's jurisdiction.
		• Enter the new COC or LAA.
		<b>Note:</b> In the "New COC/LAA" field, enter the correct number of COC or the correct number of LAA. This will change all "COC/LAA" fields in the Name and Address file for all producers that have the "old" COC or LAA number to the "new" COC or LAA number.
		• PRESS "Enter".
		<b>Note:</b> The message, "New COC/LAA Invalid Please Reenter", will be displayed if the new COC or LAA information entered does <b>not</b> correspond to a valid, previously entered COC or LAA number in the LAA file. See 15-AO, Part 3, Section 4 for information about updating the LAA file.

#### 305 Updating COC and LAA Data in Name and Address File (Continued)

Common Provisions COC/LAA Change	069-CASTRO	Version: AD25	Change MAB( 10/27/97 09:24
	Enter Old COC/LAA	0 0	
	Enter New COC/LAA	12	

**Example:** If the "old" COC or LAA was displayed as "00" in the Name and Address file, ENTER "00" in the "Old COC/LAA" field. In the "New COC/LAA" field, enter the correct COC and LAA number.

In this example:

- because all COC's and LAA's in the Name and Address file with "00" need to be changed to 12, ENTER "12" in the "New COC/LAA" field where 1 is the COC number and 2 is the LAA number
- the "COC/LAA" field in the Name and Address file will automatically be updated to 12 for all producers that originally contained "00" in the "COC/LAA" field in the Name and Address file, if COC 1 and LAA 2 is a valid COC and LAA entry that was previously recorded in the LAA file.

Е

Changing COC<br/>and LAA DataCounty Offices shall follow this table to change the COC and LAA data by<br/>individual producers.by IndividualProducerMethodImage: Color of the table to change the COC and LAA data by<br/>individual producers.

Step	Menu or Screen	Action	
1	MAB011	ENTER "2", "COC/LAA Change (Per Individual)".	
2	MABPRT01	Do either of the following:	
		<ul><li>enter the desired printer ID</li><li>PRESS "Enter" to default to the system printer.</li></ul>	
3	MAB09601	Do either of the following:	
		• enter the updated COC and LAA data for the producer or producers	
		<b>Note:</b> Use the arrow keys to roll up or down to locate the producer or producers to update. The roll keys may be used to roll from page to page without updating each individual page. ENTER "U" on the last page, to update all previous fields changed during the session.	
		• ENTER "E" to exit the application.	
		<b>Note:</b> Changes entered will not be saved, if "E" was entered before updating.	

# 305 Updating COC and LAA Data in Name and Address File (Continued)

Following is an example of Screen MAB0901.

						MAB09601
Producer Name and A	ddress - Elect	ions	Version: AI	025 10/2	7/97 10:	23 Term E
						COC
Name	ID-Num & T	ype	City	ST	ZipCd	LAA
A GALES ADAMS EST	XX-XXXXXX	Ε	PLAINVIEW	TX	79073	11
A M MCMILLAN TR	XX-XXXXXX	Е	FORT WORTH	TX	76101	11
ANGELA ACKER	XXX-XX-XXXX	S	NAZARETH	TX	79063	11
ANTHONY ACKER	XXX-XX-XXXX	S	NAZARETH	TX	79063	11
BETTY MAE ACKER	xxx-xx-xxxx	S	NAZARETH	TX	79063	12
CARY ACKER	xxx-xx-xxxx	S	NAZARETH	TX	79063	12
CHRISTINE ACKER	xxx-xx-xxxx	S	NAZARETH	TX	79063	13
DON ACKER	xxx-xx-xxxx	S	NAZARETH	TX	79063	13
DWIGHT ACKER	xxx-xx-xxxx	S	NAZARETH	TX	79063	14
GERALD ACKER	xxx-xx-xxxx	S	NAZARETH	TX	79063	14
HUGH ACKER	xxx-xx-xxxx	S	NAZARETH	TX	79063	14
JUDITH ACKER	xxx-xx-xxxx	S	NAZARETH	TX	79063	12
KEVIN ACKER	xxx-xx-xxxx	S	NAZARETH	TX	79063	12
LEONA ACKER	xxx-xx-xxxx	S	NAZARETH	TX	79063	12
LETA ACKER	xxx-xx-xxxx	S	ARLINGTON	TX	76015	12
LOUIS M ACKER	xxx-xx-xxxx	S	ARLINGTON	TX	76015	12
Roll=Page	(E)xit Withc	ut Up	date, (U)pdat	e and Ex	it	

Continued on the next page

F

Example of

Screen MAB09601

# 305 Updating COC and LAA Data in Name and Address File (Continued)

G Reports MAB097-R001 and	Reports MAB097-R001 and MAB097-R002 will be generated after updating and exiting Screen MAB09601.
MAB097-R002	Report MAB097-R001 will display:
	<ul> <li>Name and Address file records updated</li> <li>Name and Address file records not updated</li> <li>total Name and Address file records processed.</li> </ul>
	Report MAB097-R002 is the COC and LAA data update report that lists all records updated.
	<b>Note:</b> This report only prints after updating the COC and LAA data.

**306-315** (Reserved)

#### 316 **Overview** Α Introduction This part covers instructions to State and County Offices for adding or deleting a county in the automated system. These instructions shall be followed when: a cooperative is approved to participate in the loan program or has been . removed from the approved list . County Offices are combined or decombined according to: 16-AO 3-BU. B **Definition of** The term county means: County any county, parish, or administrative unit equivalent to a county any price support cooperative approved by the Policy and Procedure Branch, . PSD. С **PSD** shall: **PSD** Responsibility assign State and county codes when a cooperative is approved to participate in . the loan program notify State and County Offices when a cooperative is to be removed from the .

#### Part 14 Addition and Deletion of Counties

automated system.

# Section 1 Adding and Deleting a County at the State Office Level

#### 317 Adding a County to the State Office Automated System

include the county.

Α	
Updating the	Update the Master File when notified by PSD that a cooperative is approved to
Master County File	participate in the loan program.
	Follow this table to update the Master County Office Name and Address File to

·	
Step	Action
1	ENTER "3", "Application Processing", on Menu FAX250. PRESS "Enter".
2	Select State on Office Selection Menu FAX09002. PRESS "Enter".
3	ENTER "10", "Other Programs/Administrative Processes", on the Application Selection Menu. PRESS "Enter".
4	ENTER "1", "Name and Address", on Menu LAF010. PRESS "Enter".
5	ENTER "1", "County Name and Address Maintenance", on Menu LAF020. PRESS "Enter".
6	ENTER "1", "Update Name and Address Data", on Menu LAF030. PRESS "Enter".

Α Updating the Action Step **Master County** File (Continued) 7 On Screen LAF002, enter: State code . county code . check digit . county name. . PRESS "Field Exit". 8 PRESS "Field Exit" through short name. 9 Enter 2-digit DD code, or PRESS "Field Exit", if not applicable. 10 Enter the numeric State and county codes for the host County. PRESS "Enter" twice. 11 Enter information, when applicable, for items 7 through 22. These fields are self-explanatory. Note: Items 14, 15, and 16 are required. 12 PRESS "Enter" to update County Name and Address File. PRESS "Cmd7" to return to Menu LAF030.

В

Final Steps to Completing Update Use this table to complete the update.

Step	Action
1	ENTER "4", "Maintain Automated County Flag/Remote Location ID", on Menu LAF030.
2	Enter the county name for the new site. PRESS "Enter" to advance to the "Enter Access Mode" field.
3	ENTER "2" and PRESS "Enter".
4	ENTER "Y" to flag new county as an automated county.
	PRESS "Enter" twice.
5	PRESS "Cmd7" to end.

#### A

Deleting CountyState Offices shall use this table to delete a county from the State Office masterFrom Name andcounty name and address file when notified a county has been removed from the<br/>approved list.

**Note:** State Offices need to ensure that the county has been deleted from the county system before proceeding.

Step	Action
1	ENTER "3", "Application Processing", on Menu FAX250 and PRESS "Enter".
2	Select State on Office Selection Menu FAX09002. PRESS "Enter".
3	ENTER "10", "Other Programs/Administrative Processes", and PRESS "Enter".
4	ENTER "1", "Name and Address", on Menu LAF010 and PRESS "Enter".
5	ENTER "1", "Name and Address Maintenance", on Menu LAF020 and PRESS "Enter".
6	ENTER "4" on Menu LAF030 and PRESS "Enter".
7	Enter the county name and PRESS "Enter".
8	ENTER "2" in the "Access Mode" field and PRESS "Enter".
9	ENTER "N" and PRESS "Enter" twice.
10	PRESS "Cmd7".
11	ENTER "1", "Update Name and Address".
12	Enter the numeric State and county codes to be deleted on Screen LAF002; the system fills in remainder.
13	On command line on Screen LAF002, ENTER "D" and PRESS "Enter".
14	ENTER "Y" to confirm deletion and PRESS "Enter". Message is displayed that record has been deleted. PRESS "Enter".
15	PRESS "Cmd7" to end.

### 319-329 (Reserved)

•

# Section 2 Adding and Deleting a County at the County Office Level

# 330 Establishing a County on the County Office Automated System

Α	
Establishing	To establish the office control file, take the following steps when:
<b>Office Control</b>	
File	<ul> <li>a cooperative is approved to participate in the loan program</li> </ul>
	• a new County is to be added to the County automated system.

Step	Action
1	ENTER "2", "Office Control File Maintenance", on Menu FAX250 and PRESS "Enter".
2	ENTER "1", "Office Control Table Maintenance", on Menu FAX251 and PRESS "Enter".
3	PRESS "Enter" on Screen FAX24001 until a blank screen is displayed.
4	<ul><li>On Screen FAX24001, enter:</li><li>the State name and PRESS "Field Exit"</li></ul>
	<ul><li>the county name and PRESS "Field Exit"</li><li>the State code, county code, and check digit.</li></ul>
5	ENTER "Y" for each applicable automated process. Use "Field Exit" to advance through applications.
6	PRESS "Field Exit" to advance to the "File Maintenance Action" field.
7	ENTER "A" to add county. PRESS "Enter".
8	PRESS "Cmd3" to return to Menu FAX250.

# 330 Establishing a County on the County Office Automated System (Continued)

B

**Data Load** This table includes instructions for County Office data load.

Step	Action
1	ENTER "4", "Application Processing", on Menu FAX250 and PRESS "Enter".
2	Enter the number for the county just loaded.
3	Estimate and enter the number of the following in the county:
	<ul> <li>farms</li> <li>tracts</li> <li>producers.</li> </ul>
	Estimate these numbers 15 percent higher than current counts to allow room for expansion. After each estimate, PRESS "Field Exit". When finished, PRESS "Enter".
	Note: If county being added is a cooperative, use:
	• 10 for farms and tracts
	• a number 15 percent higher than number shown on list received from cooperative for producers.
	The system builds the files needed to load the data.
	As the system works through the file-building process, messages will be displayed on the screen.
	When the system has completed the file-building process, the screen for entering the County Data Table will be displayed automatically.

# 330 Establishing a County on the County Office Automated System (Continued)

C Loading the County Data Table	<ul> <li>The County data table is used to load basic information. To enter data follow:</li> <li>paragraphs 22, 23, and 24 for a cooperative county</li> <li>paragraphs 22, 23, 24, and 26 for a combined county.</li> </ul>
D Entering Records on the Name and Address File	<ul> <li>Follow paragraphs 175 through 179 to enter records onto the producer name and address file.</li> <li>Note: Name and address entries must be completed before building the price support master files.</li> </ul>

A Adding CMA or LSA	A County Data Table record <b>must</b> be established according to paragraph 330 before building Price Support files according to this paragraph.
	Before building Price Support files, the Accounting files for the new CMA/LSA must be built in this manner:
	<ul> <li>contact the National Help Desk at 1-800-255-2434 to obtain a valid daily Accounting Authorization Code for the current date</li> </ul>
	• on Menu FAX250, select option 4, "Application Processing (Office Selection)"
	• on Menu FAX07001, select option 1, "Accounting"
	<ul> <li>on Accounting Main Menu AAA000, ENTER "AAABLD" on the command line and PRESS "Enter"</li> </ul>
	<b>Note:</b> This builds Accounting files for the new CMA/LSA. The message, "Building records for file Group", where "B.", "C.", etc. records appear in the blank, will be displayed. A second message, "Accounting ANKMST01 Check Writing System Screen." will be displayed.
	• the user will be prompted twice to enter the daily Accounting Authorization Code, which is obtained from the National Help Desk
	Note: This action will generate the following messages:
	"Debts & Claims AUK32810 Purge Control File Screen"
	• "AAABLD Building Records for File Group", where "B.", "C.", etc. appears in the blank
	"Successfully built Claims Purge Control File"
	• "SYS-3725, Options (0) Pause when ready enter 0 to continue".
	Continued on the next page

Α
Adding CMA or
LSA (Continued)

• when entering "0" and pressing "Enter", the user will be returned to Accounting Main Menu AAA000

Note: PRESS "Cmd3" to exit, which displays Menu FAX250.

• after completing this subparagraph, follow subparagraph B to complete the process.

B Steps for Building Price Support Files

Build price support files using this table.

Step	Action
1	ENTER "4", "Application Processing", on Menu FAX250 and PRESS "Enter".
2	ENTER "?", "Cooperative County Number", on Office Selection Menu FAX09002 and PRESS "Enter".
3	ENTER "13", "Price Support", from Application Selection Menu FAX07001 and PRESS "Enter".
4	PRESS "Enter" when Screen PKE00000 is displayed to create empty price support master files.
	<b>Note:</b> The process of building the files does not display any messages and may take several minutes to finish.
5	After price support file build is complete, Menu PCA005 will be displayed.
6	ENTER "23" to return to Menu FAX250.

A

InitializingBefore saving files to tape, use this table to initialize a minimum of 4 diskettes.Diskettes

Step	Action
1	Place a tape in the tape drive.
2	ENTER "INIT" on a command line and PRESS "Help".
3	Enter Volume ID and State and county codes, and PRESS "Field Exit".
	<b>Example:</b> "C20802", when the State and county codes are 20802 for the county to be deleted.
4	Do not change entry in "Owner ID" field. Bypass to "Initializing Function" field.
5	ENTER "FORMAT" and PRESS "Field Exit".
6	ENTER "S1" and PRESS "Enter".

# B

Saving Files toAfter diskettes are initialized to the appropriate State and county codes, use thisDiskettetable to save the files to diskette.

Step	Action
1	ENTER "SAVE" on a command line and PRESS "Help".
2	ENTER "ALL" for name of file and PRESS "Enter".
3	ENTER "1" for retention days and PRESS "Field Exit".
4	ENTER "#SAVE" for name of files and PRESS "Field Exit".
5	Enter State and county codes for volume ID, and PRESS "Field Exit".
	<b>Example:</b> "C20802" when these are the State and county codes for the county to be deleted.
6	Enter name of file group and PRESS "Field Exit".
	<b>Example:</b> "B" or appropriate county file group letter of the county to be deleted.
7	ENTER "S1" for location of file and PRESS "Field Exit".
8	ENTER "AUTO" for automatic advance and PRESS "Enter".

#### **332** Deleting a County From the County Office Automated System (Continued)

#### С

Deleting FromCounty Offices shall use this table to remove the county from the County OfficeOffice ControlControl Table.TableControl Table.

Step	Action
1	ENTER "2", "Office Control File Maintenance", on Menu FAX250 and PRESS "Enter".
2	ENTER "1", "Office Control Table Maintenance", on Menu FAX251 and PRESS "Enter".
3	PRESS "Enter" until county to be deleted is displayed.
4	Move cursor to the "File Maintenance Action" field and ENTER "D" to delete. PRESS "Enter".
5	PRESS "Cmd3" to end.

#### D

Complete Deletion From County Office Automated System County Offices shall use this table to complete deletion of County files from the automated system.

Step	Action
1	ENTER "Delete" on a command line on Menu FAX250 and PRESS "Help".
2	ENTER "All" for name of file and PRESS "Field Exit".
3	ENTER "F1" for location of file and PRESS "Enter".
4	PRESS "Field Exit" through next entry.
	<b>Note: Do not</b> PRESS "Enter" until file group is entered as shown in step 5.
5	Enter name of file group to be deleted.
	<b>Example:</b> ENTER "C" for County file group, if the County to be deleted is the third county on the system.
6	PRESS "Enter".

333-342 (Reserved)

Parts 15-24 (Reserved)

343-675 (Reserved)

1-CM (Rev. 3) Amend. 1

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# Part 25 Signatures and Authorizations

#### Section 1 Signature Requirements

#### 676 Signatures

# A Acceptable Signatures

\*--All signatures shall be in ink or inerasable pencil. Following are acceptable signatures.--\*

IF the signature is	THEN
written	the written name shall be the name used for:
	• tax reporting
	• program purposes.
by mark	the mark must be witnessed by either of the following:
	<ul><li>a person receiving no direct benefit from the action</li><li>FSA employee.</li></ul>
	<b>Note:</b> Witness shall sign by the mark. See paragraph 678 for an example.
printed	the signature must be witnessed by either of the following:
other than in English	<ul> <li>a person receiving no direct benefit from the action</li> <li>FSA employee.</li> </ul>
script	Note: Witness shall sign by the signature.

#### 676 Signatures (Continued)

#### A Acceptable Signatures (Continued)

IF the signature is	THEN
illegible	the person accepting the signature shall:
	• know the correct name of the person signing
	• initial the document.
by a married woman	she shall sign:
	• her own given name
	Acceptable example: Mrs. Mary Doe
	Unacceptable example: Mrs. John Doe
	• that of her husband only when signing:
	• as an attorney-in-fact
	Example: John Doe by Mary Doe, Power of Attorney.
	• in a fiduciary capacity.
	Example: John Doe by Mary Doe, Conservator.

\*--Note: DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

#### 676 Signatures (Continued)

#### **B** Person Underage

See paragraph 677 for minor's signature.

## C Unacceptable Signatures

Altered signatures shall not be accepted, unless:

- the person signing affixes a new signature
- unusual circumstances warrant a hardship or limited case waiver.
- \*--Note: Signatures received with terminology such as "without prejudice", "without recourse", or similar language, are not considered acceptable, as this is considered an attempt to limit the terms of the form or document being signed.--\*

# **D** Notification of Policy for Spouses

Each year, County Offices shall notify all owners, operators, tenants, and sharecroppers of the policy affecting spousal signatures. Notification will be through each of the following:

- first County Office newsletter of FY
- local news releases the beginning of FY.

# 677 Minor's Signature

#### A General Rule for Minor's Signature

When the eligible producer is a minor, County Offices shall obtain **both** of the following on the applicable program documents:

- the eligible minor's signature
- the signature of 1 of the eligible minor's parents.

**Exceptions:** A minor's signature may be accepted without obtaining the signature of 1 of the parents, if any of the following apply:

- a right of majority has been conferred by court proceedings or statute
- CCC-64 is provided to protect the Government from any loss for which the minor would be liable if the minor were an adult
- a financially responsible adult cosigns the loan note
- the minor is obtaining an FLP youth loan and the parent's signature is not required according to FLP procedure.

By signing the applicable document, the parent is liable for the actions of the minor with respect to the applicable program and may be liable for refunds, liquidated damages, or other penalties assessed because of program violations on the part of the minor regardless of whether the parents have an interest in the applicable program.

#### **B** Authorized Signatures

An authorized adult who is a court-appointed guardian may sign on behalf of a minor.

Note: See paragraph 713 for signature example for guardians.

#### C Distributing CCC-64

Distribute CCC-64 as follows:

- the original in the appropriate program folder
- copies to principal and sureties.

# D

CompletingComplete CCC-64 according to this table.CCC-64

Item Number	Instructions				
1	Enter County Office name, address, and telephone number.				
2	Enter the applicable program name. Include program year if applicable.				
3	Enter the effective date of the bond. This date must be on or before applicable program documents are approved.				
*4(a)	Enter full name of principal.				
4(b)	Enter full name of first surety.				
4(c)	Enter full name of second surety, if applicable.				
4(d)	Enter the total amount of bond.				
4(e)	Enter the total amount of bond numerically.				
4(f)-(h)	Enter the day, month, and year CCC-64 is signed.				
5A and 5B	Principal must sign and enter address in items 5A and 5B, respectively.				
5C and 5D	Witness to principal's signature must sign and enter address in items 5C and 5D, respectively.				
6A and 6B	First surety must sign and enter address in items 6A and 6B, respectively.				
6C and 6D	Witness to first surety signature must sign and enter address in items 6C and 6D, respectively.				
7A and 7B	Second surety, if applicable, must sign and enter address in items 7A and 7B, respectively.				
7C and 7D	Witness to second surety signature, if applicable, must sign and enter address, in items 7C and 7D, respectively.				
8 A, B, C, and D*	Enter name, address, and title of COC member signing certification in items 8 A, B, and C, respectively. COC member must sign and date CCC-64. The certification date must be:				
	<ul> <li>after the date of the principal and sureties' signatures</li> <li>on or before the effective date of the bond.</li> </ul>				

This form is available e	lectronically.		rm Approved - OMB No. 0560-008			
CCC-64 U.S. (04-23-98)	DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. COUNTY FSA OFFICE NAME AND AD	DRESS			
	SURETY BOND	TELEPHONE NO. (Include are code): 2 CCC PROGRAM	EFFECTIVE DATE OF BOND			
	(Minor)	2. CCC PROGRAM 5.	EFFECTIVE DATE OF BOND			
information is to be so cranor who otherwise I protect OCC from any Federal Law enforcem to control the control of the According to the Pape number. The valid OM be 8 the forme for reviewing COMPLETE D FORM	It is made in accordance with the Privacy Act of 1974 (5 USC 552a) ppled on this form is the Commodity Credit Corporation Charter Act needs the requirements of such Program who may be edglieb to pair loss incurred for which the minor wood pet late had the minor been emit againdle and in response to a court magistrate and one user againdle and in response to a court magistrate or administrative USC 3726, may be applicable to the information provided. The information number for this information collection is 06600007. The first source of the the information collection is 0660007. The first provident according and the according and maintaint CO YOUR COUNTY FSA OFFICE: ESSONS BY THESE PRESENTS, That We As:	and the regulations promidigated thereunder (7 CFR Part 1427) ipate therein and receive monies thereunder if CCC is furnish an adult. This information may be provided to other agancies, tribunal. The provisions of oriminal and civil fraud statutes, inc	<ol> <li>The information requested is necessary for ed a bond under which a surety guarantees to IRS, Department of Justice or other State ar iuding 18 USC 286, 297, 371, 641, 651, 100</li> </ol>			
(a)			(Principal), and			
(b)	(First Surety), and	l (0 <u> </u>	(Second Surety)			
are held and firm l	y bound into the Commodity Credit Corporation (hereaft					
	weall and twale to be words, the Data dard and Gards and Charles and		) for the			
assigns, jointly an The condition o	well and truly to be made, the Principal and Surety or Su d severally, by these presents. <b>f these obligations is such that:</b> Principal is a minor and has agreed to comply with the p					
AND, WHEREA therein and receiv a result of the part	entitled to receive monies from CCC; <b>AND</b> , <b>WHEREAS</b> . The above-named Program provides that a minor who otherwise meets the requirements of such Program will be eligible to participate therein and receive monies thereander if CCC is furnished a bond under the Surety or Sureties agree to indemnify CCC for any loss or losses incurred by CCC as a result of the participation of the minor in the Program or the payment of monies to the minor under the Program, or both, for which the minor would be liable to CCC under the Program had he or she been an adult; <b>AND</b> , <b>WHEREAS</b> . The Surety or Sureties agree to remain liable for such monies or for breach of any conditions of such Program by the Principal for repayment					
AND, WHEREA of which, or liabil	-	monies or for breach of any conditions of such Prog ise of such minority:	gram by the Principal for repayment			
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#### A Signing as Individual

When signing on one's own behalf, the signature:

- must agree with the name typed or printed on the form
- may contain variations that do not cause the name and signature to be in disagreement.

Note: When signing as a cosignor or agent, the same variations apply.

Following are examples of acceptable signatures.

Name on Document	Acceptable Signature		
John W. Smith	John W. Smith		
	J. W. Smith		
	John Smith		
	J. Smith		
	J. Wilson Smith		
	John Wilson Smith		
Mary J. Smith	Mary J. Smith		
	Ms., Mrs., or Miss Mary Smith		
	Mary Smith		
	M. J. Smith		
	Ms., Mrs., or Miss Mary J. Smith		
	Ms., Mrs., or Miss Mary Jane Smith		
	X (or other mark)		
	Mark of Mary J. Smith, Lucille P. Jones, Witness		
<u> </u>			

A General Authorization	Facsimile signatures for COC members and CED's may be used on program forms or other documents when:
	• the action indicated represents the results of previous actions that are adequately documented
	• used as a means of decreasing routine burden on COC members and CED's without removing their identity.
	*Note: Only COC members and CED's may use facsimile signatures for the purposes described in this paragraph*
B Required Documentation	<ul> <li>When facsimile signatures are used, the County Office records shall clearly show that the action represented was approved by COC or CED, as applicable, by:</li> <li>signing basic source documents, such as allotment yields</li> </ul>
	<ul> <li>initialing individual approval records that precede official notices</li> <li>filing a statement covering a large number of issuances</li> <li>making appropriate reference in COC minutes</li> </ul>

• making appropriate reference in COC minutes.

Continued on the next page

# 679 Facsimile Signatures for COC's and CED's (Continued)

## C Approved Uses

Facsimile signatures may be used when the action represents information to individuals containing previous approval action on:

- notices of allotments, quotas, yields, or payment rates
- notices of measured acreage, excess acreage, deficient acreage, or quota overmarketings
- marketing cards
- circular letters.

# **D Prohibited Uses**

Facsimile signatures shall not be used on:

- letters advising producers of determinations made on reconsideration requests or appeals
- responses to inquiries to individual producers
- individual reports
- CCC-184
- disbursement transaction statement
- any issuance prohibited by handbook instructions or other directives
- forms for any unusual or controversial case
- contracts.

## \*--680 FAXed and Scanned Signatures

#### A General Authorization

FAXed and scanned signatures from producers shall be accepted for certain forms and other documents, provided all of the following are met:

• the applicable program form or other document is approved for FAXed and scanned signatures

• all other applicable signature requirements are met.

FAXed and scanned signatures are:

- signatures received through a FAX machine
- electronically scanned signatures, such as signatures obtained by e-mail or the Internet.

The procedure about accepting FAXed and scanned signatures in this handbook applies only to FSA. Each Agency shall provide separate policy and procedure about accepting FAXed and scanned signatures.

#### **B** Prohibited Uses

FAXed and scanned signatures are **not** authorized for any program form or document in Exhibit 50.

#### **C Producer Responsibilities**

Producers are responsible for the successful transmission and receipt of information provided to the Service Center through telefacsimile transmission or electronic transmission.

USDA is not responsible for any transmission failures or any other problems that prevent the successful or timely receipt of information provided by producers through telefacsimile transmission or electronic transmission.--\*

**Note:** See Exhibit 50 for program forms and documents not approved for FAXed and scanned signatures.

**Important:** The authority to accept FAXed and scanned signatures does not alter existing authorities for producers to execute transactions, such as power of attorney, fiduciary capacity, or other approved signature authorities.

# 680 FAXed Signatures (Continued)

# **D** Determining Date for Program Purposes

- \*--The date and time printed by the FAX machine or electronic device on the applicable program form or document shall be used to determine whether program deadline and filing date requirements are met
  - **Example:** Producer signs and dates CCC-633 EZ on August 14, 2000. Service Center receives FAXed or electronic CCC-633 EZ on August 15, 2000. Provided all eligibility requirements have been met, Service Center shall use the LDP rate as of the date printed by the FAX machine or electronic device on CCC-633 EZ (August 15, 2000).

Service Centers shall **not** accept or approve any form or document received through telefacsimile machine or electronic device if the date and time of the FAX cannot be--\* verified.

- **Important:** The Danka Omnifax telefacsimile machine cannot be programmed to print the date and time on the pages as transmissions are received. Therefore, Service Centers that use Danka Omnifax machines shall:
  - program the machine to print an activity report at least once a day

**Note:** See Danka Omnifax User's Guide, pages 79 and 80 to program the machine.

• maintain the activity reports for 5 years.

#### \*--E Prioritizing Forms and Documents With FAXed or Scanned Signatures

Service Centers shall prioritize and process FAXed or scanned program forms, documents, and information in the same manner as forms and documents received by mail or delivered in person.

FAXed or scanned information shall not be given a higher or lower priority than--\* information received by mail or delivered in person.

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# 681 Signatures for UCC-1's, Deeds, and Similar Documents

# A Background

UCC-1, UCC-1F, a real estate deed, or any other form required by State law to transfer a property interest to CCC requires special signature requirements. The examples given in this paragraph have been developed to conform to State laws.

# **B** Acceptable Signatures

The signature of an individual signing on behalf of another individual or entity shall consist of both of the following:

- an indicator, such as "by" or "for", illustrating that the individual is signing in a representative capacity
- individual's name, capacity, and name of the entity or individual for which they are signing.

Following are examples of acceptable signatures on State financing statements, real estate deeds, and other documents required to be filed in a State or county filing location.

**Note:** A husband and wife shall have FSA-211 on file to sign claim settlements on behalf of the other (paragraph 707).

Number of Signatures	Acceptable Signatures
One signature for an individual	Ralph Jones
	Ralph Jones by Helen Jones
One signature for a corporation	XYZ Corporation by Ralph Jones, President
Two or more signatures	Ralph Jones
	Alan Jones
	• Ralph Jones Alan Jones by Ralph Jones
	Ralph Jones
	Alan Jones by Ralph Jones, Power Of Attorney
	Ralph Jones
	Alan Jones by Ralph Jones, Guardian

Notes: Other forms and authorized titles may be acceptable only if approved by DAFP.

\*--DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

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# Section 2 (Withdrawn--Amend. 23)

# 691-696 (Withdrawn--Amend. 23)

697-706 (Reserved)

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# Section 3 General Rules of Authority

# 707 Policy on Evidence of Authority and Signature Limitations

#### A General Rule for Signature Authority

Effective April 2, 2009, County Offices shall verify signature authority for all entities and joint operations by reviewing checked box or boxes on forms:

- CCC-902E, Part C, Column F
- CCC-901, Part A, Column 5, as applicable.

**Notes:** Evidence of signature authority for individuals including spouses and minors has **not** been revised.

# This policy was effective on April 2, 2009, and does not apply to signatures secured before the effective date.

This policy does **not** apply to:

- representatives of cotton, rice, or peanut buyers (1-CM, paragraph 731)
- FSFL Program
- TTPP
- GRP
- MILC (producers participating in MILC only)
- FLP's.

Note: County Office employees shall follow signature authority requirements in applicable handbooks for these programs.--\*

# A General Rule for Signature Authority (Continued)

\*--The following are examples of properly signed CCC-902E's for entities and joint operations.

# • Limited Liability Company (J&J LLC)

PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any information in Part C) . Members - List all members/shareholders of the entity identified in Part A of this form:					
A. Name	B. Tax ID Number (Last 4 digits if already on file)	C. % Share	D. Position and Salary (If applicable)	E. Family Member Relationship (if applicable)	F. Does this member have signature authority for the legal entity? (Yes or No)
John A. Member	1111	50	\$	Brother	YES NO
Jane A. Member	2222	50	\$	Sister	YES NO

PART L - CERTIFICATION - (FOR JOINT VENTURES AND GENERAL PARTNERSHIP, A SIGNATURE IS REQUIRED FOR EACH MEMBER)					
I certify that all the information entered on this document and any supporting documentation is true and correct. I understand that furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form I acknowledge that:					
• all supporting documentation has been submitted as required					
<ul> <li>I have reviewed and understand all definitions and requirement</li> </ul>	nts on Page 6 of this form.				
<ul> <li>all information will be considered in effect continuously unless</li> </ul>					
<ul> <li>it is my responsibility to timely notify FSA in writing of any changes that may affect these representations, including, but not limited to: the composition of the entity identified in Part A; the farming, ranching or forestry operation of the entity identified in Part A; financial status of the entity identified in Part A</li> </ul>					
<ul> <li>evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and I will take all necessary actions to provide such materials to the applicable State or county committee if requested by FSA</li> </ul>					
<ul> <li>it is my responsibility to timely notify FSA in writing of any successors who acquire an interest in this farming operation as the result of the death of a member or shareholder.</li> </ul>					
1.	2.	3.			
Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date (MM-DD-YYYY)			
John A. Member	Member, J&J LLC	04-02-2009			

#### A General Rule for Signature Authority (Continued)

#### •\*--Revocable Trust

PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any information in Part C)					
1. Members - List all members/shareholders of the entity identified in Part A of this form:					
A. Name	B. Tax ID Number (Last 4 digits if already on file)	C. % Share	D. Position and Salary (If applicable)	E. Family Member Relationship (if applicable)	F. Does this member have signature authority for the legal entity? (Yes or No)
John A. Trust	1111	50	\$	Husband	YES NO
Jane A. Trust	2222	50	\$	Wife	YES NO
			\$	-	YES NO
			\$		YES NO
			\$		YES NO
			\$		YES NO
G. I certify that I have signature authority for the entity identified in Part A and that all information in Part C is true and correct.       1. Initials       2. Date         04-02-2009					
2. If the entity in Part A is an Estate or Trust, or if any member/shareholder is listed above is an Estate or Trust, list the Executor, Administrator, or Grantor:					
A. Name of Estate or Trust B. Name of Executor/Administrator/Grantor					
John & Jane Revocable Trust I.M. Trustee					

PART L - CERTIFICATION - (FOR JOINT VENTURES AND GENERAL PARTNERSHIP, A SIGNATURE IS REQUIRED FOR EACH MEMBER)

I certify that all the information entered on this document and any supporting documentation is true and correct. I understand that furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form I acknowledge that:

• all supporting documentation has been submitted as required

• I have reviewed and understand all definitions and requirements on Page 6 of this form.

- · all information will be considered in effect continuously unless changes or revisions are submitted.
- it is my responsibility to timely notify FSA in writing of any changes that may affect these representations, including, but not limited to: the composition
  of the entity identified in Part A; the farming, ranching or forestry operation of the entity identified in Part A; financial status of the entity identified in
  Part A.
- evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and I
  will take all necessary actions to provide such materials to the applicable State or county committee if requested by FSA..
- it is my responsibility to timely notify FSA in writing of any successors who acquire an interest in this farming operation as the result of the death of a member or shareholder.

1. Signature (By)	2. Title/Relationship of Individual Signing in the Representative Capacity	3. Date <i>(MM-DD-YYYY)</i>
I.M. Trustee	Trustee, John & Jane Revocable Trust	04-02-2009

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# A General Rule for Signature Authority (Continued)

# •\*--Corporation (Land Owner Only)

PART A - For each individual or entity who is a member of this entity, list the member's name, social security/employer identification number, address and percentage share of ownership. If a member has both types of identification numbers, list both.						
Name of Legal Entity Land Owner, Inc.						
1. Member's Name	2. SSN or Tax ID Number (Last 4 digits if already on file)	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? (Yes or No)		
I.M. President	1111	123 Landowner Lane, Anytown, US	33.34 %	YES NO		
I.M VPresident	2222	123 Landowner Lane, Anytown, US	33.33%	YES NO		
I.M. SecTreasurer	3333	123 Landowner Lane, Anytown, US	33.33%	YES NO		
			%	YES NO		
			%	YES NO		

#### PART F- CERTIFICATION - By Signing:

 PARTF-CERTIFICATION - By Signing:

 - I certify that I have signature authority for the entity identified in Part A and all information entered on this document is true and correct

 - I understand that furnishing incorrect information will result in forfeiture of payments and benefits.

 - I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in the information provided.

 1. Representative's Signature (By)
 2. Title/Relationship of Individual Signing in the Representative

 I.M. President
 2. Title/Relationship of Individual Signing in the Representative

**Notes:** Only members selected in CCC-902E, Part C, Column F and/or CCC-901, Part A, Column 5 shall be considered authorized to sign for the entity. County Offices are no longer required to request and maintain evidence of signature authority such as corporate charters, articles of organization, trust agreement, etc.

If an entity or joint operation requests that an individual other than an authorized member be granted authority to act as an attorney-in-fact on behalf of the entity or joint operation, FSA-211/211A shall be executed according to paragraphs 728 and 728.5, and Exhibit 60.

# County Offices shall follow instructions in 4-PL for completing CCC-902E and CCC-901.

County Office shall contact the State Office for guidance if there are concerns about questionable member information provided on CCC-902E and/or CCC-901.--\*

# A General Rule for Signature Authority (Continued)

County Offices shall verify that a signature authority is on file in the County Office before accepting a signature on any program or related documents on behalf of another. See subparagraph C for special rules for spouses.

- **Notes:** Evidence of signature authority related to non-FSA/CCC forms and documents such as, cash leases, is not required and does not have to be on file.
  - \*--Before April 2, 2009, the following types of evidence for authorized signature may--\* be acceptable, if dated on or before the signature date. COC may require any of the following for authentication:
    - presentation of the original document, such as corporate charter, bylaws, court orders of appointment, trust agreement, last will and testament, articles of partnership, articles of organization, operating agreements
    - FSA-211
    - notarization
    - an affixed official seal.
    - **Example:** Documentation, such as corporate charter, indicating who is authorized to sign for a corporation must be on file in the County Office before County Office may accept a signature on any program document for the corporation.
- \*--County Offices shall consider a signature of an individual acting in a representative capacity to be valid, even though there was not a proper signature authority on file in the County Office at the time the individual signed a contract, application, or other document in a representative capacity, only if **all** of the following apply:
  - the contract, application, or other document was acted on and approved by the County Office or COC
  - the individual signing the contract, application, or other document did not knowingly or willfully falsify evidence of signature authority or the signature
  - documentation of signature authority, considered acceptable according to this handbook, is submitted to the County Office indicating the individual had authority to sign the contract, application, or other document in a representative capacity.--\*

County Office may also require the person receiving authority to:

- provide ID
- file a signature with the County Office.

# \*--B Maintaining Documentation Before April 2, 2009--\*

The entire document presented does **not** have to be maintained. However, all applicable pages that identify the entity, pertinent authority, and any limitations, etc, **must** be maintained.

**Example:** If the trust is represented to be an irrevocable trust, procedure in 1-PL requires review of the trust agreement to determine if it contains a provision that would result in the trust being considered a revocable trust for payment limitation purposes (1-PL, subparagraph 362 B).

# C Signature Authority for Spouses

## Spouses:

- may sign documents on behalf of each other for FSA and CCC programs in which either has an interest, effective August 1, 1992, unless written notification denying a spouse this authority has been provided to the County Office
- shall not sign FSA-211 on behalf of the other
- shall not sign on behalf of the other as an authorized signatory for partnerships, joint ventures, corporations, or other similar entities

**Exception:** Spouses may sign on behalf of each other for a husband/wife joint venture with a permanent tax ID number and sole proprietorship, unless written notification denying a spouse authority has been provided to the County Office (subparagraph 710 F or 712 A, as applicable).

Notes: See paragraphs 709 through 711.

See applicable directives for acceptable spouse signatures for FLP loans.

• must have a power of attorney on file or sign personally for claim settlements, such as promissory notes.

**Important:** A spouse's authority to sign documents on behalf of the other spouse does **not**:

- override the FOIA/PA requirements of 5 U.S.C. 552 and 552A
- entitle a spouse to review or receive Agency records of the other spouse.
- **Note:** See 2-INFO for more information about FOIA/PA requirements and Agency records.

County Office shall not provide Agency records of a producer to that producer's spouse unless written authority to provide such records has been provided to the County Office.

**Example:** Joe and Jane Black, husband and wife, may sign documents on behalf of each other because no written notification denying such authority has been provided to the County Office. Jane Black has requested a copy of Joe Black's Agency records. County Office shall not provide the records to Jane Black unless Joe Black provides the County Office written authority to release the records to Jane Black.

# **D** County Office Employees

County Office and Federal employees:

- shall not act as a power of attorney in the County Office where employed on behalf of any person, including family members
- shall not sign on behalf of a spouse in the County Office where employed
- may in unusual situations such as a hardship case, make a written request to SED for waiver
- are not limited from acting in a fiduciary capacity, such as:
  - guardian
  - administrator
  - conservator
  - executor
  - trustee
  - receiver.

**Note:** This policy does not apply to COC or CMC members. It does apply for former farm loan employees.

# **E** Limited Waiver of Signature Authority

Limited waiver of signature authority requirements may be granted to immediate family members (paragraph 729.5).

# **F** Entities Granted Signature Authority

Producers may grant entities, such as lending institutions, farm management companies, farm management corporations, limited liability companies, or other similar entities, authority to sign on their behalf.

Entities granted authority to sign for a producer must designate the individuals who are authorized to sign for the entity using 1 of the following:

- a letter signed by the entity's officer who has authority to designate signature authority for the entity
- FSA-211 signed by the entity's officer who has authority to designate signature authority for the entity.
- **Example:** Jane White appoints the Nationwide Bank to act on her behalf as attorney-in-fact on FSA-211. Nationwide Bank must designate the individuals who are authorized to sign for the bank. Joe Black, Nationwide Bank president, provides the Service Center with a list of individuals who are authorized to sign for Nationwide Bank. The individuals authorized to sign for Nationwide Bank may sign for Nationwide Bank on behalf of Jane White.

## G FLP Resources

FLP directives regarding evidence of authority and signature limitations are available in County Offices. FLP:

- maintains copies of applicable entity documents
- can assist in reviewing entity documents.

State Supplements to applicable FLP handbooks address signature requirements for entities under State law. State Supplements to FLP handbooks are cleared according to 1-AS. Therefore, County Offices shall refer to the appropriate State Supplements **before** contacting the Regional OGC with questions.

# 708 Individual

# A Authorized Signatures

Use the following table to determine who may sign for an individual other than the individual him/herself.

IF the person signing					
for the individual is	THEN acceptable evidence of authority is				
a spouse	not required (subparagraph 707 B).				
1 of the following:	either of the following:				
<ul> <li>administrator</li> <li>conservator</li> <li>executor</li> <li>guardian</li> </ul>	•*on or after April 2, 2009, checked box or boxes on CCC-902E, Part C, Column F and/or CCC-901, Part A, Column 5, as applicable				
• trustee	• before April 2, 2009, 1 of the following*				
• receiver	<ul> <li>court orders of appointment with execution order</li> <li>certificate or letter of administration</li> <li>trust agreement</li> <li>last will and testament</li> <li>certified evidence of probate.</li> </ul> The evidence, except for a trust agreement, shall contain the following:				
	• signature of an officer of the issuing court				
	• seal affixed by issuing court				
	• certification by an officer of the issuing court that the evidence of authority is in full force and effect.				
an attorney-in-fact	a valid power of attorney signed by the grantor.				
	Notes: See Section 4 for power of attorney.				
	See paragraph 707 when the agent granted signature authority is an entity.				

## 708 Individual (Continued)

# **B** Acceptable Signatures for Spouses

The signature of a spouse on behalf of the other shall consist of both of the following:

- an indicator, such as "by" or "for", illustrating that the individual is signing in a representative capacity
- 1 of the following:
  - name of individual signing in representative capacity
  - name of individual signing in representative capacity and name of spouse
  - name of individual signing in representative capacity followed by "spouse".

# **C** Spouse Signature Examples

Following are examples of signatures that may be accepted when one spouse signs on behalf of the other spouse.

Name on Document		Acceptable Signatures
John R. Smith		by Sharon H. Smith
	•	John R. Smith by Sharon H. Smith
	•	by Sharon H. Smith, Spouse
	•	Sharon H. Smith for John H. Smith
John R. Smith	•	John R. Smith by John R. Smith
Sharon H. Smith		
	•	John R. Smith
		Sharon H. Smith by John R. Smith

Notes: Other forms may be accepted only if approved by DAFP.

\*--DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

# A General Rules

- \*--Effective April 2, 2009, a general partnership shall provide member information on CCC-902E and/or CCC-901. General partnerships shall check boxes on CCC-902E, Part C, Column F and/or CCC-901, Part A, Column 5, as applicable, to establish signature authority.
  - **Notes:** In most States any member of a general partnership may sign for the general partnership and bind all members unless the Articles of Partnership are more restrictive. General partnerships shall only check "NO" in the signature authority column if their intent is to restrict a general partner's authority to sign for the general partnership.

Before April 2, 2009, a partnership must provide the Articles of--\* Partnership. If no Articles of Partnership are available, IRS documents such as Form 1065 (Schedule K-1) showing members and their respective shares may be used. A written statement identifying all members and shares of the partnership and signed by all members of the partnership may be used as acceptable documentation the first year the partnership is in effect or if the membership of the partnership has changed and the partnership has not filed any IRS forms.

Before July 20, 2004, certain properly executed affidavits may have been used as evidence of signature authority. Properly completed affidavits on file before July 20, 2004, shall continue to be honored as evidence of signature authority by State and County Offices. Affidavits filed after July 18, 2001, must be witnessed by an FSA employee or notarized to be considered acceptable.

Before November 20, 2006, general partnerships that did not have an individual authorized to act on behalf of the general partnership could execute FSA-211 to appoint an attorney-in-fact to act on behalf of the general partnership and bind all members. FSA-211's executed before November 20, 2006, according to these instructions, shall continue to be honored as acceptable evidence of signature authority by State and County Offices. The general partnership will be required to provide additional documentation only if the structure and/or membership of the general partnership changes.

# Par. 709

# A General Rules (Continued)

Any member of a general partnership may sign for the general partnership and bind all members unless the Articles of Partnership are more restrictive.

**Note:** This policy is adopted by FSA because the majority of States have laws that provide for this; however, this is **not** the case for any other business enterprise.

A member of a general partnership may execute FSA-211 to appoint an attorney-in-fact to act on behalf of the general partnership and bind all members, unless the Articles of Partnership restrict member's authority.

**Note:** Certain FSA and CCC forms, such as CCC-502's, require each member's individual signature. Accordingly, each member or individual authorized by the members, **must** sign such forms regardless of whether an individual has authority to act on behalf of the general partnership.

Spouses shall **not** sign on behalf of each other as an authorized signatory for a partnership. Individuals that are appointed as an attorney-in-fact for another individual shall **not** sign for that individual as an authorized signatory for a partnership.

**Example:** John Smith is a member of ABC partnership. The articles of partnership provide John Smith the authority to sign for the partnership and bind all members of the partnership. John Smith's spouse is not a member of the partnership and shall **not** sign for John Smith as the authorized signatory for ABC partnership. John Smith appointed Bill Brown as his personal attorney-in-fact on FSA-211. Bill Brown shall **not** sign for John Smith as the authorized signatory for ABC partnership.

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# A General Rules (Continued)

A spouse that is not a member of the partnership may sign on behalf of the other spouse's individual interest in a partnership, unless a written notification denying a spouse this authority is provided to County Office. Individuals that are appointed as an attorney-in-fact for another individual may sign for only that individual's interest in a partnership.

**Example:** John Smith and Fred Brown have formed a general partnership called JF Farms. Other than the 2 general partners, no other person has been authorized by JF Farms to sign on behalf of the partnership. John's wife, Sally Smith, may sign as attorney-in-fact for John's individual interest in the partnership. Sally **may not** sign for the general partnership as she has not been authorized to sign.

A general partnership must have a permanent tax ID number to receive payments as a partnership.

If a permanent tax ID number is not available, FSA doesn't consider them a general partnership. The individual may receive payments if they are requesting payments as individuals and complete all supporting documentation as individuals.

# **B** Examples of Signature Requirements for General Partnerships

Following are examples of signature requirements for general partnerships.

#### Example 1:

ABC General Partnership:

- has a permanent tax ID number
- is comprised of Jane Black, Bob Green, and Mike Brown.

Partnership papers are on file for ABC General Partnership and contain no specifications or restrictions regarding signature authority.

ABC General Partnership is a producer on FSN 100 and elects to enroll FSN 100 in 2005 DCP. ABC General Partnership, not the individual members, shall be listed on CCC-509.

Because there are no specifications or restrictions in the partnership papers, any 1 of the partners (Jane Black, Bob Green, or Mike Brown) may sign CCC-509 on behalf of ABC General Partnership and bind all members.

# **B** Examples of Signature Requirements for General Partnerships (Continued)

#### Example 2:

XYZ General Partnership:

- has a permanent tax ID number
- is comprised of John White, Jack Blue, and Mary White.
- \*--There are no partnership papers for XYZ General Partnership. However, IRS documents have been provided, showing the members and their respective shares. In addition, **all**--\* members of XYZ General Partnership signed and executed FSA-211 appointing Mr. White attorney-in-fact for XYZ General Partnership.
- \*--XYZ General Partnership is a producer on FSN 200 and elects to enroll FSN 200 in--\* 2005 DCP. XYZ General Partnership, not the individual members, shall be listed on CCC-509 \* \* \*.
- \*--Because Mr. White is authorized to act for XYZ General Partnership, Mr. White can sign CCC-509 on behalf of XYZ General Partnership. FSA-211 does **not** negate the provision of subparagraph A. Either Jack Blue or Mary White would also have authority to sign the CCC-509 on behalf of XYZ General Partnership.

#### Example 3:

LMB General Partnership:

- has a permanent tax ID number
- is comprised of Steve Gray, Tim Silvers, and Gary Gold.

Partnership papers are on file for LMB General Partnership, specifying that Gary Gold shall sign all documents for LMB General Partnership.

LMB General Partnership is a producer on FSN 300 and elects to enroll FSN 300 in the 2005 DCP. LMB General Partnership, not the individual members, shall be listed on CCC-509. Because there are specific restrictions in the partnership papers on file stating that Gary Gold shall sign all documents for LMB General Partnership, only Gary Gold may sign the CCC-509 on behalf of LMB General Partnership, which will bind all members.--\*

#### C Acceptable Signatures

The signature for an individual authorized to sign for a general partnership shall consist of both of the following:

- an indicator, such as "by" or "for", illustrating that the individual is signing in a representative capacity
- 1 of the following:
  - individual's name
  - individual's name and capacity
  - individual's name, capacity, and name of partnership.

#### **D** Partnership Signature Examples

Following are examples of signatures that may be accepted for general partnerships.

Name on Document	Acceptable Signature
John R. Smith & Sons, a Partnership	• by George C. Smith
	• by George C. Smith, Partner
Smith & Roe Partnership	• by John R. Smith
	• Smith and Roe Partnership, by John R. Smith, Partner
Jones and Smith, a Partnership	• by Richard H. Roe
	• Richard H. Roe, Agent for Jones and Smith, a Partnership
XYZ Company	• by Richard Roe
	XYZ Company by Richard Roe

Notes: Other forms and title may be accepted only if approved by DAFP.

\*--DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

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# A General Rules

- \*--Effective April 2, 2009, joint ventures shall designate which members are authorized to sign for the joint venture by checking applicable boxes on forms:
  - CCC-902E, Part C, Column F
  - CCC-901, Part A, Column 5.

All members must initial responses in column F and/or 5, as applicable.

Before April 2, 2009, **all** members of a joint venture were required to sign for the joint--\* venture unless an individual is authorized to act on behalf of the joint venture and bind all members.

Joint ventures that do not have an individual authorized to act on behalf of the joint venture may execute FSA-211 to appoint an attorney-in-fact to act on behalf of the joint venture and bind all members.

- **Important:** When there is not an individual authorized to act on behalf of the joint venture, **all** members of the joint venture must sign FSA-211. The members of the joint venture are appointing an attorney-in-fact to act on behalf of the joint venture, not the members of the joint venture as individuals.
- **Note:** Certain FSA and CCC forms, such as CCC-502's, require each member's individual signature. Accordingly, each member, or an individual authorized by the member, must sign such forms regardless of whether an individual has authority to act on behalf of the joint venture.

Spouses shall not sign on behalf of each other as an authorized signatory for a joint venture. (See exception in subparagraph 707 C for a husband/wife joint venture.) Individuals that are appointed as an attorney-in-fact for another individual shall not sign for that individual as an authorized signatory for a joint venture.

**Example:** Jack Green is a member of JJJ Joint Venture. All members of JJJ Joint Venture signed FSA-211 appointing Jack Green attorney-in-fact for the joint venture. Jack Green's spouse shall **not** sign for Jack Green as the authorized signatory for JJJ Joint Venture. Jack Green appointed Bill Brown as his personal attorney-in-fact on FSA-211. Bill Brown shall **not** sign for Jack Green as the authorized signatory for JJJ Joint Venture.

# 710 Joint Venture (Continued)

# A General Rules (Continued)

interest in a joint venture.

**Example:** Jill White is a member of WW Joint Venture. No member of WW Joint Venture is authorized to sign for the joint venture and bind all members; therefore, all members must sign documents for the joint venture. Jill White's spouse may sign for Jill White's individual interest in the joint venture. Jill White appointed Mike Jones as her personal attorney-in-fact on FSA-211. Mike Jones may sign for Jill White's individual interest in the joint venture.

FSA payments may be issued to:

- a joint venture with a permanent tax ID number
- individual members of a joint venture, using the individual member's ID numbers, when the joint venture does not have a permanent tax ID number.

# **B** Acceptable Evidence of Signature Authority

Use the following table to determine acceptable evidence of signature authority for a joint venture.

IF the individual signing	
for the joint venture is	THEN acceptable evidence of authority is
a member of the joint	a valid power of attorney signed by all members of the joint
venture	venture.
	<b>Note:</b> Before July 20, 2004, certain properly executed affidavits may have been used as evidence of signature authority. Properly completed affidavits on file before July 20, 2004, shall continue to be honored as evidence of signature authority by State and County Offices. Affidavits filed after July 18, 2001, shall be witnessed by an FSA employee or notarized to be considered acceptable.
an agent	a valid power of attorney signed by all members of the joint venture.
	Notes: See Section 4 for power of attorney.
	See paragraph 707 when the agent granted signature authority is an entity.

#### 710 Joint Venture (Continued)

#### **C** Examples of Signature Requirements for Joint Ventures

Following are examples of signature requirements for joint ventures.

#### Example 1:

ABC Joint Venture:

- has a permanent tax ID number
- is comprised of Jane Black, Bob Green, and Mike Brown.

There are no documents that provide authority for any individual to sign for ABC Joint Venture.

ABC Joint Venture is the owner and operator of FSN 1000 and elects to enroll FSN 1000 in 2005 DCP. ABC Joint Venture, not the individual members, shall be listed on CCC-509 with 100 percent share in all covered commodities on the farm.

Because no individual is authorized to act on behalf of ABC Joint Venture, Mrs. Black, Mr. Green, and Mr. Brown must **all** sign CCC-509 for ABC Joint Venture.

#### Example 2:

XYZ Joint Venture:

- has a permanent tax ID number
- is comprised of John White, Jack Blue, and Mary White.

All members of XYZ Joint Venture signed and executed FSA-211 appointing Mr. White attorney-in-fact for XYZ Joint Venture.

XYZ Joint Venture is owner and operator of FSN 2000 and elects to enroll FSN 2000 in 2005 DCP. XYZ Joint Venture, not the individual members, shall be listed on CCC-509 with 100 percent share in all covered commodities on the farm.

\*--Because Mr. White is authorized to act for XYZ Joint Venture, only Mr. White is required--\* to sign CCC-509 on behalf of XYZ Joint Venture.

#### 710 Joint Venture (Continued)

# **C** Examples of Signature Requirements for Joint Ventures (Continued)

#### Example 3:

**DEF** Joint Venture:

- does **not** have a permanent tax ID number
- is comprised of Mike Smith, Jane Jones, and Tom Williams.

There are no documents that provide authority for any individual to sign for DEF Joint Venture.

DEF Joint Venture is owner and operator of FSN 3000 and elects to enroll FSN 3000 in 2005 DCP. DEF Joint Venture is listed on CCC-509 with zero shares of the covered commodities on the farm. The individual members shall be listed on CCC-509 with their individual share of the covered commodities on the farm.

**Note:** Because DEF Joint Venture does not have a permanent ID number, payments cannot be issued to the joint venture. When a joint venture does not have a permanent ID number, payments must be issued to the individual members using their respective ID numbers.

\* \* \*

Each member (Mrs. Jones, Mr. Smith, and Mr. Williams) must sign for their individual interest on CCC-509.

#### Example 4:

RST Joint Venture:

- does not have a permanent tax ID number
- is comprised of Larry Jackson, Sue Doe, and Lisa Green.

All the members of RST Joint Venture signed and executed FSA-211 appointing Mr. Jackson attorney-in-fact for RST Joint Venture.

RST Joint Venture is owner and operator of FSN 4000 and elects to enroll FSN 4000 in 2005 DCP. RST Joint Venture is listed on CCC-509 with zero share of the covered commodities on the farm. The individual members shall be listed on CCC-509 with their individual share of the covered commodities on the farm.

**Note:** Because RST Joint Venture does not have a permanent ID number, payments cannot be issued to the joint venture. When a joint venture does not have a permanent ID number, payments must be issued to the individual members using their respective ID numbers.

Each member (Mr. Jackson, Mrs. Doe, and Mrs. Green) must sign for their individual interest on CCC-509.

## **D** Acceptable Signatures

The signature for an individual authorized to sign for a joint venture shall consist of 1 of the following:

- individual's name
- individual's name and capacity
- individual's name, capacity, and name of the joint venture.

Signatures shall also consist of an indicator, such as "by" or "for", illustrating that the individual is signing in a representative capacity.

## **E** Joint Venture Signature Examples

The following are examples of signatures that may be accepted for joint ventures.

Name on Document	Acceptable Signatures
Bob and Bill Joint Venture	• by Joe Black
	• Joe Black for Bob and Bill Joint Venture
Jones and Smith Joint Venture	• by Jim Smith
	• Mary Brown, Power of Attorney for Jones and Smith Joint Venture

\*--Note: DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

## F Husband and Wife Joint Ventures

Spouses may sign documents on behalf of each other for a husband and wife joint venture with a permanent tax ID number, effective August 1, 1992, unless written notification denying a spouse this authority has been provided to the County Office.

## 711 Corporations, Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies, and Other Similar Entities

## A Authorization

\*--Effective April 2, 2009, corporations, limited partnerships, limited liability partnerships, and limited liability companies shall designate which officers, managers, or members are authorized to sign for their respective entity by checking applicable boxes on forms:

- CCC-902E, Part C, Column F
- CCC-901, Part A, Column 5.

Before April 2, 2009, a copy of any of the following applicable documents would--\* authorize an officer, manager, member, or representative to sign:

- the corporate charter, bylaws, articles of organization, operating agreement, or partnership papers executed according to State law, that designates officers, members, or managers as authorized signatories
- resolution by the corporation's board of directors, signed by the corporation's secretary or an officer other than the signatory being extended signature authority
  - **Note:** If the intent of the resolution is to extend signature authority to all officers of a corporation, then all officers must sign the resolution.
  - **Exception:** For a **1 person corporation**, that person is authorized to sign for the corporation by default if documentation, such as a corporate charter, is on file in the County Office which **both**:
    - identifies the "one person"
    - validates that 100 percent of the corporation's shares are held by that "one person".
- signed corporate minutes
- letter signed by an authorized representative of the entity designating who may sign for the entity.
  - **Note:** This letter may only be used as valid documentation when the entity is **not** receiving monetary benefits from FSA.
  - **Example:** XYZ Chemical Company contracts with producers to test their products on special acreages on farms participating in DCP. There are instances when these producers do not have 100 percent risk in all of the base acres. XYZ Chemical Company then, has to be on CCC-509 for a share of the payments even if they are ineligible or do not wish to receive the payments. XYZ Chemical Company is required to sign CCC-509 and therefore, signature authorization is required.

## 711 Corporations, Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies, and Other Similar Entities (Continued)

## A Authorization (Continued)

\*--Notes: It is the respective entity's responsibility to keep County Offices informed of all changes about signature authority and to ensure that current documentation is provided accordingly.--\*

The identification/listing of officers and/or shareholders of a corporation does not, by itself, provide sufficient evidence of who has authority to act on behalf of the corporation.

Before July 20, 2004, certain properly executed affidavits may have been used as evidence of signature authority. Properly completed affidavits on file before July 20, 2004, shall continue to be honored as evidence of signature authority by State
\*--and County Offices. Affidavits filed after July 18, 2001, must be witnessed by an FSA employee or notarized to be considered acceptable.--\*

Spouses shall not sign on behalf of each other as an authorized signatory for a corporation, limited partnership, limited liability partnership, limited liability company, or other similar entity. Individuals who are appointed an attorney-in-fact for another individual shall not sign for that individual as an authorized signatory for a corporation, limited partnership, limited liability partnership, limited liability company, or other similar entity.

**Example:** Joe Blue is a member of B Inc. The charter for B Inc. authorizes Joe Blue to sign for the corporation. Joe Blue's spouse shall not sign for Joe Blue as the authorized signatory for B Inc. Joe Blue appointed Mary Smith as his personal attorney-in-fact on FSA-211. Mary Smith shall not sign for Joe Blue as the authorized signatory for B Inc.

## 711 Corporations, Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies, and Other Similar Entities (Continued)

## A Authorization (Continued)

Spouses may sign on behalf of each other's individual interest in a corporation, limited partnership, limited liability partnership, limited liability company, or other similar entity; unless a written notification denying a spouse this authority is provided to County Office. Individuals who are appointed as an attorney-in-fact for another individual may sign for that individual's interest in a corporation, limited partnership, limited liability partnership, limited liability company, or other similar entity.

**Example:** Jane Brown is a member of JBB Inc. The corporate charter for JBB Inc. requires all members to sign documents for the corporation. Jane Brown's spouse may sign for Jane Brown's individual member interest in the corporation. Jane Brown appointed Mike Black as her personal attorney-in-fact on FSA-211. Mike Black may sign for Jane Brown's individual member interest in the corporation.

## **B** Redelegation of Signature Authority

Use the following table to determine how an agent may be granted authority to sign for a corporation, limited partnership, limited liability partnership, limited liability company, or other similar entity.

IF	THEN		
the entity documents allow for	the person authorized to sign for the entity according to subparagraph A may		
redelegation of signature	redelegate their authority to an agent on FSA-211.		
authority			
	<b>Notes:</b> See Section 4 for power of attorney.		
	*An agent may be any individual including but not limited to an officer, share holder, partner, member, or manager of the applicable entiry*		
	See paragraph 707 if the agent granted signature authority is an entity.		
	<b>Important:</b> The person authorized to sign for the entity according to subparagraph A shall not redelegate this authority if the entity documents do not allow for redelegation of signature authority.		
	<b>Example 1:</b> The XYZ Corporation charter designates Mary Brown as the corporate officer with signature authority for the corporation. The corporate charter provides that the authority to sign for XYZ Corporation may be redelegated. Mary Brown may redelegate her signature authority for XYZ Corporation to an agent by completing FSA-211.		
	<b>Example 2:</b> The ABC Corporation charter designates Mike Jones as the corporate officer with signature authority for the corporation. The corporate charter does not indicate that the authority to sign for ABC Corporation may be redelegated. Mike Jones shall not redelegate his signature authority for XYZ Corporation.		

IF	THEN	
the entity	the following may be used to authorize an agent to sign for the entity for:	
documents do <b>not</b> allow for	• corporations, either of the following:	
redelegation of signature authority	• FSA-211 signed by all officers	
	• resolution of the board of directors, signed by an officer of the corporation, providing name of agent authorized to sign for the corporation	
	• limited partnerships, limited liability partnerships, and other similar entities, FSA-211 signed by all members of the entity	
	• limited liability companies, FSA-211 signed by all members or authorized managers.	
	<ul> <li>Notes: Before July 20, 2004, certain properly executed affidavits may have been used as evidence of signature authority. Properly completed affidavits on file before July 20, 2004, shall continue to be honored as evidence of signature authority by State and County Offices.</li> <li>*Affidavits filed after July 18, 2001, must be witnessed by an FSA employee or notarized to be considered acceptable*</li> </ul>	
	An individual serving as agent may <b>not</b> individually redelegate that authority on FSA-211.	
	<b>Example:</b> The ABC Corporation charter designates Mike Jones as the corporate officer with signature authority for the corporation. The corporate charter does not indicate that the authority to sign for ABC Corporation may be redelegated. Mike Jones shall not redelegate his signature authority for XYZ Corporation. However, an agent may be authorized to sign for ABC Corporation if all officers of ABC Corporation sign FSA-211.	
	Notes: See Section 4 for power of attorney.	
	*An agent may be any individual including but not limited to an officer,* share holder, partner, member, or manager of the applicable entiry.	
	See paragraph 707 if the agent granted signature authority is an entity.	

**B** Redelegation of Signature Authority (Continued)

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## 711 Corporations, Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies, and Other Similar Entities (Continued)

## C Acceptable Signatures

The signature for an individual authorized to sign for a corporation, limited partnership, limited liability partnership, limited liability company, or other similar entity shall consist of both of the following:

- an indicator, such as "by" or "for", illustrating that the individual is signing in a representative capacity
- 1 of the following:
  - individual's name
  - individual's name and capacity
  - individual's name, capacity, and name of the corporation, limited partnership, limited liability partnership, limited liability company, or other similar entity.

## **D** Corporation Signature Examples

Following are examples of signatures that may be accepted for a corporation.

Name on Document	Acceptable Signature
Smith Bros., Inc.	• by John H. Smith
	• by John H. Smith, President
	• by Richard R. Roe, Treasurer of Smith Bros., Inc.
First National Bank	• by John H. Smith
	• First National Bank by John H. Smith, Cashier
	• John H. Smith, Cashier for the First National Bank

\*--Note: DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

Par. 711

## 712 Sole Proprietor

## A Acceptable Signatures

The signature for an individual who is the sole proprietor of a business operation shall consist of both of the following:

- an indicator, such as "by" or "for", illustrating that the individual is signing in a representative capacity
- 1 of the following:
  - individual's name
  - individual's name and title
  - individual's name, title, and name of the business operation.

## **B** Sole Proprietor Signature Examples

The following are examples of acceptable signatures for a business operation conducted by an individual under a name other than the individual.

Name on Document	Acceptable Signature
Smith Company	• by John R. Smith
	• Smith Company by John R. Smith, Sole Proprietor
	• by John R. Smith, Sole Owner of Smith Company
	• Smith Company by J. R. Smith, Owner

Notes: Other signature formats may be accepted only if approved by DAFP.

\*--DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

**Note:** Spouses may sign on behalf of each other for a sole proprietorship unless written notification denying a spouse authority has been provided to the County Office.

## 713 Estate, Trust, Conservatorship, or Guardianship

## A Required Authorization

\*--Effective April 2, 2009, executor, administrator, trustees, conservator, receiver or guardian shall designate authorized signature authority for the by completing CCC-902E and/or CCC-901 and signing as applicable.

Before April 2, 2009, for an individual to sign as administrator, executor, trustee,--\* guardian, receiver, or conservator, evidence of authority consisting of 1 of the following documents, which was executed according to State law, was required:

- court orders of appointment
- court-approved certificate or letter of administration
- trust agreement or last will and testament that established the trust
- similar document approved by regional attorney.

Spouses shall not sign on behalf of each other when the signature required is that of an administrator, trustee, guardian, receiver, or conservator. Individuals that are appointed as an attorney-in-fact for another individual shall not sign for that individual when the signature required is that of an administrator, trustee, guardian, receiver, or conservator.

**Example:** John Smith is the trustee for the ABC Trust. John Smith's spouse shall not sign for John Smith as the authorized trustee for ABC Trust. John Smith appointed Bill Brown as his personal attorney-in-fact on FSA-211. Bill Brown shall not sign for John Smith as the authorized trustee for ABC Trust.

## **B** Restrictions on Evidence of Authority

Documents presented in subparagraph A, except for trust agreements and documents approved by regional attorney, shall contain the following:

- signature of an officer of the issuing court
- certification by an officer of the issuing court that the evidence of authority is in full force and effect.

## C Redelegation by Individual Authorized by Evidence

Individuals, designated according to subparagraph A or B, may redelegate authority to an agent on FSA-211.

Notes: See Section 4 for power of attorney.

See paragraph 707 when the agent granted signature authority is an entity.

## 713 Estate, Trust, Conservatorship, or Guardianship (Continued)

## **D** Acceptable Signatures

The signature for an individual authorized to sign as the representative for an estate, trust, conservatorship, or guardianship, shall consist of:

the name of the estate, trust, conservatorship, or guardianship, **except** when the name of the estate, trust, conservatorship, or guardianship is shown on the document

the representative's name and capacity.

## **E** Fiduciary Signature Examples

The following are examples of acceptable signatures when signing in a fiduciary capacity.

Name Printed on Document	Acceptable Signature
Richard L. Smith, Administrator	Estate of John C. Smith, Deceased, by Richard L. Smith,
of the Estate of John C. Smith,	Administrator
Deceased	
	by Richard L. Smith, Administrator
Estate of John H. Smith	by Joseph Smith, Executor of Estate of John H. Smith
Jay S. Smith & Roy L. Smith,	by Roy L. Smith, Co-Executor
Executors of the Estate of John	
C. Smith, Deceased	
Harry J. Roe	by John H. Smith, Guardian
	Harry J. Roe, Minor, by John H. Smith, Guardian

an indicator, such as "by" or "for", illustrating that the individual is signing in a representative capacity

## 713 Estate, Trust, Conservatorship, or Guardianship (Continued)

Name Printed on Document	Acceptable Signature
John H. Smith, Trustee for heirs of	by John H. Smith, Trustee
Richard R. Roe, Deceased	
John H. Smith, Trustee for	• Mary L. Roe and Richard R. Roe by John H.
Mary L. Roe and Richard R. Roe	Smith, Trustee
John W. Smith, Trustee for Heirs of Richard R. Roe, Deceased	<ul> <li>by John H. Smith, Trustee</li> <li>Mary J. Smith, Agent for John W. Smith, Trustee of Heirs of Richard R. Roe, Deceased</li> </ul>
Richard Roe Trust	<ul> <li>John W. Smith, Trustee by Mary J. Smith, Agent</li> <li>by John W. Smith, Trustee</li> <li>for John W. Smith, Trustee by Mary Jones, Agent</li> </ul>

## **E** Fiduciary Signature Examples (Continued)

Notes: Other forms and title may be accepted only if approved by DAFP.

\*--DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

## 714 Bankruptcy and Receivership

## A Acceptable Signatures for Bankruptcy and Receivership

The signature of an individual authorized to sign for a bankruptcy or receivership shall consist of both of the following:

- an indicator, such as "by" or "for", illustrating that the individual is signing in a representative capacity
- individuals name, capacity, and name of the entity or individual in bankruptcy or receivership.

## **B** Bankruptcy and Receivership Signature Examples

The following are examples of acceptable signatures when signing for a bankruptcy or receivership.

Name on Document	Acceptable Signatures
John Smith, Inc.	• John Smith Inc., by Joe Jones, Trustee
	• Joe Jones, Receiver for John Smith, Inc.

Notes: Other forms and title may be accepted if approved by DAFP.

\*--DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

## 715 Federal, State, County, or Municipal Office and Public Schools

### A Governmental Body Authorization

One of the following documents signed by a governmental official will authorize an individual to sign on behalf of a governmental body.

Governmental Body	Acceptable Document
Federal agency, or division thereof	One of the following documents:
	<ul><li>order of appointment</li><li>statute</li><li>letter of authorization.</li></ul>
State agency or department thereof	One of the following documents:
County agency or department thereof	• order of appointment
Municipal agency or department thereof	• letter of authorization containing an official seal
	• a certification.

## **B** Public School Authorization

For a public school, accept a letter of administration signed by the president of the school board or governing body, or designee, as applicable, with either of the following:

an affixed official seal a certification.

## **C** Other Authorization

\*--Individuals authorized according to subparagraph A or B may redelegate authority to an agent on FSA-211.

Notes: See Section 4 for power of attorney.

See paragraph 707 when the agent granted signature authority is an entity.--\*

## 715 Federal, State, County, or Municipal Office and Public Schools (Continued)

## **D** Acceptable Signatures

The signature for an individual authorized to sign for a governmental body shall consist of both of the following:

- an indicator, such as "by" or "for", illustrating that the individual is signing in a representative capacity
- 1 of the following:
  - individual's name
  - individual's name and capacity
  - individual's name, capacity, and name of governmental body.

## **E** Signature Examples

The following are examples of acceptable signatures for a governmental body.

Name on Document		Acceptable Signature
Douglas County, Michigan, Board of	•	by John H. Smith
County Commissioners		
	•	John H. Smith, for Board of County
		Commissioners
Brown County Farm	•	by John H. Smith
	•	Brown County Farm by John H. Smith, Judge, Brown County Court
	•	Brown County Farm by Richard R. Smith, Farm Manager
City of Dallas, Park Commission	•	by John H. Smith
	•	City of Dallas, Park Commission, by John H. Smith, Secretary
State of Ohio, Board of Aeronautics	•	by John H. Smith
	•	by John H. Smith, Director

Notes: Other forms and titles may be accepted if approved by DAFP.

\*--DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

## 716 Churches and Charitable Organizations

## A Authorizations

Either of the following documents will authorize an individual to sign on behalf of a church, charitable organization, society, or fraternal organization that is not a corporation:

- letter of authorization signed by either of the following:
  - legal head of the church or organization
  - head of the local church body, if applicable
- individuals authorized in this subparagraph may redelegate authority to an agent on FSA-211.

Notes: See Section 4 for power of attorney.

See paragraph 707 when the agent granted signature authority is an entity.

## **B** Acceptable Signatures

The signature for an individual authorized to sign for a church, charitable organization, society, or fraternal organization, shall consist of 1 of the following:

- individual's name
- individual's name and capacity
- individual's name, capacity, and name of the church, charitable organization, society, or fraternal organization.

Signature shall also consist of an indicator, such as "by" or "for", illustrating that the individual is signing in the representative capacity, if applicable.

\*--Note: DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

## 717 Indian Tribal Ventures and BIA

## A Indian Tribal Venture Authorizations

A copy of tribal bylaws designating members authorized to sign and bind other members of the venture will authorize a member to sign and obligate other members of the Indian tribal venture.

**Note:** Before July 20, 2004, certain properly executed affidavits may have been used as evidence of signature authority. Properly completed affidavits on file before July 20, 2004, shall continue to be honored as evidence of signature authority by State and County Offices. Affidavits filed after July 18, 2001, must be witnessed by an FSA employee or notarized to be considered acceptable.

## **B BIA** Authorizations

Management of tribal and allotted lands is regulated by statute.

Any duly authorized representative for BIA may sign for BIA.

## C Acceptable Signatures

The signature for an individual authorized to sign for Indian tribal ventures or BIA shall consist of 1 of the following:

- individual's name and capacity
- individual's name, capacity, and name of tribal venture
- individual's name, capacity, and BIA.
- \*--Note: DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

## 718-727 (Reserved)

## Section 4 Power of Attorney and Rules on Authority

#### 728 Policy for Powers of Attorney

#### A General Policy

In the Service Center where employed, Service Center employees shall not act as attorney-in-fact on behalf of any producer, including family members (paragraph 707).

Minors may **not** appoint an attorney-in-fact to act on their behalf or be appointed an attorney-in-fact to act on grantor's behalf.

Since August 1, 1992, spouses may sign documents on behalf of each other for FSA and CCC programs in which either has an interest without completing FSA-211 or FSA-211-1, unless written notification denying this authority has been provided to the County Office.

\*--Note: These spousal signature requirements do not apply to NRCS.--\*

**Exceptions:** See paragraph 707 for exceptions to spouse's authority to sign on the other's behalf.

From April 17, 1996, to August 25, 2002:

- producers wishing to appoint an attorney-in-fact to act on their behalf for FSA and CCC programs must have completed FSA-211 or FSA-211-1, as applicable
- FSA no longer accepted power of attorney forms other than FSA-211 or FSA-211-1, as applicable, for FSA and CCC programs.
  - **Exception:** FSA accepted certain power of attorney forms other than FSA-211 in unique cases when a producer could not complete FSA-211, such as incompetence or incapacitation. Acceptance of power of attorney forms other than FSA-211 in these cases required review and approval by the regional attorney.

Since August 25, 2002:

- producers wishing to appoint an attorney-in-fact to act on their behalf for FSA and CCC programs must complete FSA-211
- FSA-211-1 is obsolete
- FSA shall not accept power of attorney forms other than FSA-211 except in:
  - unique cases when a producer could not complete FSA-211, such as incapacitation
  - cases involving members of the U.S. Armed Forces under active military duty.

## A General Policy (Continued)

**Exception:** Producers were authorized to submit non-FSA and durable powers of attorney; such as living wills, from December 17, 2008, until January 14, 2009. Non-FSA and durable powers of attorney submitted from December 17, 2008, until January 14, 2009, will be considered valid if they are reviewed and approved by the regional attorney.

## B FSA-211's Executed Before the Food, Conservation, and Energy Act of 2008

The Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246):

- was enacted into law on June 18, 2008
- authorizes FSA to administer several new programs.

FSA-211 and FSA-211A, dated 12-17-08:

- reflect the changes because of the Food, Conservation, and Energy Act of 2008
- include NRCS programs.

*IF on FSA-211 executed before	
June 18, 2008, grantor checked*	THEN FSA-211
Section A, item 1, "All current programs"	is <b>not</b> valid for programs authorized by the
	Food, Conservation, and Energy Act of 2008.
Section A, item 2, "All current and all	is valid for programs authorized by the Food,
future programs"	Conservation, and Energy Act of 2008.
Section B:	
	*Note: If "All actions" was checked,
• item 1, "All actions"	FSA-211 shall also be considered
• item 7, "Other" specifies CCC-526	valid for executing CCC-926*
Section A, item 2, "All current and all	dated 12-17-08 or later <b>must</b> completed by
future programs", and the grantor now	the grantor.
wants to provide authority for the	
attorney-in-fact to sign on their behalf for	
NRCS conservation programs	

Notes: FSA-211 is not valid for FLP loan purposes.

"All current programs" and "All current and future programs", include programs authorized by the Food, Conservation, and Energy Act of 2008, but **not** yet implemented; such as biomass crop assistance and forest restoration.

"AGI Certification" and "Routing Banking Accounts" have been added as specific transactions and no longer need to be written in as "Other".

## C FSA-211

A separate FSA-211 shall be completed for each grantor and each attorney-in-fact. The County Office shall not process FSA-211 providing more than 1 grantor or more than 1 attorney-in-fact.

A grantor wishing to appoint more than 1 attorney-in-fact shall complete and submit a separate FSA-211 for each attorney-in-fact. Two or more grantors wishing to appoint the same attorney-in-fact to act on their behalf shall each complete and submit separate FSA-211's.

- **Example 1:** Mike Jones wishes to appoint both Jane Smith and Bob Brown as attorney-in-fact to act on his behalf. Mike Jones must complete one FSA-211 appointing Jane Smith and a separate FSA-211 appointing Bob Brown.
- **Example 2:** Mary White and John Green both wish to appoint Joe Black as their attorney-in-fact. Mary White must complete and submit FSA-211 appointing Joe Black to act on her behalf, and John Green must complete and submit a separate FSA-211 appointing Joe Black to act on his behalf.

FSA-211 shall be used to appoint 1 attorney-in-fact to act on behalf of the grantor for FSA and CCC programs. The authority granted using FSA-211 may be for any of the following:

- •\*--all current and all future FSA, CCC, and NRCS programs
- all current FSA, CCC, and NRCS programs
- specific FSA, CCC, and NRCS programs.--\*

FSA-211 may be used to appoint an attorney-in-fact to act on behalf of the grantor for FCIC-insured crops.

**Note:** It is the producer's responsibility to provide a copy of FSA-211 to the applicable crop insurance agent.

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## C FSA-211 (Continued)

FSA-211 authority does **not** provide the appointed attorney-in-fact the authority to sign or act on behalf of the grantor for any of the following:

- COC elections
- FSA-211
- requesting electronic access
- •\*--any program that is not a FSA, CCC, and NRCS program, such as TAA program
- FLP loan purposes.

**Notes:** See subparagraph G for procedure about routing payments to financial institution accounts.

See subparagraph H for procedure about executing CCC-605 using FSA-211.

FSA shall:

- process and record properly executed FSA-211's
- accept FSA-211's for NRCS customers; NRCS employees may accept FSA-211's for FSA customers

**Note:** FSA County Office employees are the **only** employees authorized to witness FSA-211 signatures. If an FSA employee does **not** witness FSA-211 signatures, FSA-211 **must** be notarized by a Notary Public.--\*

- **not** process nor record FSA-211 that is:
  - incomplete
  - inaccurate
  - **not** properly witnessed by an FSA employee or acknowledged by a valid Notary Public.

**Note:** When the grantor is a corporation, the corporate seal of the grantor may be accepted in place of FSA employee witness or notarization.

See Exhibit 60 for:

- instructions for completing FSA-211
- instructions for completing FSA-211A
- an example of FSA-211
- an example of FSA-211A.

## 728 Policy for Powers of Attorney (Continued)

## **D Duration**

FSA-211 shall remain in full force and effect from the date the FSA-211 is correctly executed until 1 of the following occurs:

- grantor cancels FSA-211 in writing by either of the following:
  - •\*--providing written notification of FSA-211 cancellation to the applicable Service Center agency

- writing "CANCELED" on original FSA-211, and initialing and dating
- either grantor or appointed attorney-in-fact:
  - dies
  - becomes incompetent or incapacitated
  - is a legal entity, and the entity becomes dissolved
- if FSA-211 is for specific FSN's only and applicable FSN's no longer exist.

## E Changes

Changes made to an accepted power of attorney require the authority to be reissued on a new FSA-211.

**Note:** Transferring a farming operation to a different County Office does not invalidate a power of attorney.

**Important:** The Service Center agency shall attach written notification to the applicable FSA-211.--\*

## 728 Policy for Powers of Attorney (Continued)

## F Designating Power of Attorney by FSN

- \*--A grantor may appoint an attorney-in-fact to act on their behalf on specific FSN's. In FSA-211, Section B, Transactions for FSA, NRCS and CCC Programs, item 7, enter FSN's for which the attorney-in-fact is responsible.
  - Example: Sandy owns the following farms: FSN 22, FSN 35, FSN 43, and FSN 49. Sandy would like Tracey to be her attorney-in-fact on FSN 22 only. In FSA-211, Section B, Transactions for FSA, NRCS and CCC Programs, item 7, ENTER "ON FSN 22 ONLY".

## **G** Routing Payments to Financial Institution Accounts

An individual may route payments to financial institution accounts; such as completing SF-1199A or SF-3881, on behalf of another when FSA-211 signed by the grantor provides either of the following under Section B:

- grantor selects item 1, "All actions"
- grantor selects item 6, "Routing Bank Accounts".

\* \* \*

#### 728 Policy for Powers of Attorney (Continued)

#### H Executing CCC-605 to Redeem Cotton Pledged as Collateral

An individual may execute CCC-605 on behalf of another **only** when FSA-211 signed by the **\*-**-grantor provides **both** of the following:

- grantor selected 1 of the following, under Section A, FSA, NRCS and CCC Programs:
  - item 1, "All current programs"
  - item 2, "All current and all future programs"
  - item 11, "Marketing Assistance Loans and Loan Deficiency Payments"
- grantor selected, under Section B, Transactions for FSA, NRCS and CCC Programs, item 7, "Other", and ENTERed "Executing CCC-605".

**Important:** If FSA-211 does **not** meet both of the requirements, the appointed--\* attorney-in-fact shall **not** be authorized to execute CCC-605 on behalf of the grantor.

Producers **must** be fully aware that appointing an attorney-in-fact to execute CCC-605's grants that agent the authority to further delegate authority to another agent.

An agent appointed attorney-in-fact on FSA-211 shall **not** execute FSA-211 to further delegate this authority.

## I Executing CCC-526 to Certify Adjusted Gross Income

- \*--An individual may execute CCC-526 on behalf of another when either of the following is provided by the grantor on FSA-211:
  - grantor selected, under Section B, Transactions for FSA, NRCS and CCC Programs, item 1, "All actions"
  - grantor selected, under Section B, Transactions for FSA, NRCS and CCC Programs, item 5, "AGI Certification".
  - **Note:** CCC-526's executed before March 18, 2003, which used a valid FSA-211 on file--\* at that time, are considered valid.

## 728.5 Signature Requirements for Powers of Attorney

## A Acceptable Signatures for Individuals

For individuals granted authority to act as attorney-in-fact on behalf of another individual or entity, the signature shall consist of both of the following:

- an indicator, such as "by" or "for", illustrating that the individual is signing in a representative capacity
- 1 of the following:
  - individual's name
  - individual's name and capacity
  - individual's name, capacity, and name of individual or entity that granted authority.

The following are examples of acceptable signatures for individuals when signing as an appointed attorney-in-fact.

Name on Document	Acceptable Signature
John H. Jones	• by Jane Smith
	• by Jane Smith, Power of Attorney
	• by Jane Smith, Agent
	• Jane Smith, Power of Attorney for John H. Jones
ABC Corporation	• by Mary Jones
	• by Mary Jones, Power of Attorney
	• by Mary Jones, Agent
	ABC Corporation, by Mary Jones, Power of Attorney

\*--Note: DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

## **B** Acceptable Signatures for Representatives of Entities

Producers may grant entities, such as lending institutions, farm management companies, or other similar entities, authority to sign on their behalf. Entities granted authority to sign for a producer must designate the individuals who are authorized to sign for the entity (paragraph 707).

## 728.5 Signature Requirements for Powers of Attorney (Continued)

## **B** Acceptable Signatures for Representatives of Entities (Continued)

For individuals who are designated to sign for an entity that has authority to act on behalf of a producer as attorney-in-fact, the signature shall consist of both of the following:

- an indicator, such as "by" or "for", illustrating that the individual is signing in a representative capacity
- either of the following:
  - individual's name, capacity, and name of entity that was granted authority to act as attorney-in-fact
  - individual's name, capacity, name of entity that was granted authority to act as attorney-in-fact, and name of individual that granted authority to the entity.

The following are examples of acceptable signatures for individuals when signing as a representative of an entity that is an appointed attorney-in-fact.

Name on Document	Acceptable Signature
John H. Jones	• by Joe Black, President for Nationwide Bank, Power of Attorney
	• Joe Black, President for Nationwide Bank, Power of Attorney for John H. Jones
ABC Corporation	• by Joe Black, President for Nationwide Bank, Power of Attorney
	• ABC Corporation, by Joe Black, President for Nationwide Bank, Power of Attorney

\*--Note: DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator, such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.--\*

## 728.5 Signature Requirements for Powers of Attorney (Continued)

## **C** Spouse Signature Requirements

Effective August 1, 1992, spouses may sign documents on behalf of each other for FSA and CCC programs in which either has an interest, unless written notification denying a spouse this authority has been provided to the County Office (paragraph 707).

## **Exceptions:** Spouses:

- shall not sign FSA-211 on behalf of the other
- shall not sign on behalf of the other as an authorized signatory for a partnership, joint venture, corporation, or other similar entity
- must have a power of attorney on file or sign personally for claim settlements, such as promissory notes.
- **Important:** See paragraph 707 about spouses' requests for agency records of the other spouse.
- \*--Note: These spousal signature requirements do not apply to NRCS.--\*

## 729 Policy for Incompetent Individuals

## A General Policy

Producers wishing to appoint an attorney-in-fact to act on their behalf must execute and submit FSA-211 (paragraph 728). Exceptions apply according to subparagraph B and paragraph 729.6.

FSA-211 signed by an individual after that individual has been declared incompetent:

- is **not** valid
- shall **not** be processed or recorded by FSA.

When an individual is declared incompetent and a conservator has been appointed by the court to act on behalf of the incompetent individual:

- the conservator may act on behalf of the incompetent individual for FSA and CCC programs
- neither FSA-211 nor non-FSA power of attorney form is required for the conservator to act on behalf of the incompetent individual.

\* \* \*

**Important:** Before an individual may sign as a conservator, a copy of the court order must be provided to the County Office (paragraph 713).

## \*--729.4 Policy for Incapacitated Individuals--\*

## A Acceptable Non-FSA Power of Attorney Forms for an Incapacitated Individual

County Offices may process and record a non-FSA power of attorney form for incapacitated individuals **only** when **all** of the following are met:

- grantor cannot complete FSA-211 because of incapacitation
- conservator for the grantor has not been appointed by the court
- individual appointed as attorney-in-fact by the non-FSA power of attorney form **signs and dates** the Non-FSA Power of Attorney Certification in Exhibit 62
- County Office is provided a legible copy of the non-FSA power of attorney form to maintain on file
- regional attorney reviews and approves the non-FSA power of attorney form to ensure that the form meets both of the following:
  - provides legally sufficient authority for the attorney-in-fact to act on behalf of the grantor for FSA and CCC programs
  - compliance with applicable State and local laws.
  - **Note:** If the County Office has documentation of a previous review and approval of non-FSA power of attorney by a regional attorney, the County Office is not required to resubmit the non-FSA power of attorney form for regional attorney review. CED shall review the regional attorney's approval to ensure the approval did not contain any limitations. The non-FSA power of attorney must be resubmitted if the regional attorney noted any limitations that could affect the new programs authorized by the Farm Security and Rural Investment Act of 2002.
  - **Important:** The State Office shall contact the National Office if the regional attorney declines to review non-FSA power of attorney forms.

## 729.4 Policy for Incapacitated Individuals (Continued)

## A Acceptable Non-FSA Power of Attorney Forms for an Incapacitated Individual (Continued)

County Offices shall:

- submit a copy of the non-FSA power of attorney form and the signed and dated Non-FSA Power of Attorney Certification to the State Office for regional attorney review
- attach both of the following to the non-FSA power of attorney form, and maintain all of the following on file:
  - signed and dated Non-FSA Power of Attorney Certification
  - regional attorney determination
- notify applicable individuals of regional attorney determination
- **not** process any document signed by the attorney-in-fact until regional attorney review and determination is received.

\* \* \*

State Offices shall:

- ensure that the Non-FSA Power of Attorney Certification is signed and dated by the individual appointed as attorney-in-fact by the non-FSA power of attorney form
- submit a copy of the non-FSA power of attorney form and the signed and dated Non-FSA Power of Attorney Certification to the regional attorney for review

### \*--729.4 Policy for Incapacitated Individuals (Continued)--\*

## A Acceptable Non-FSA Power of Attorney Forms for an Incapacitated Individual (Continued)

- **not** submit the non-FSA power of attorney form to the regional attorney if the Non-FSA Power of Attorney Certification is **not** signed and dated by the individual appointed as attorney-in-fact by the non-FSA power of attorney form
- **not**, under any circumstance, make a determination about the acceptability of a non-FSA power of attorney form

**Important:** The State Office shall contact the National Office if the regional attorney declines to review non-FSA power of attorney forms.

• provide the County Office with a copy of the regional attorney determination.

## **B** Incapacitation

For the purposes of accepting a non-FSA power of attorney form, an individual is incapacitated when the individual is physically or mentally incapable of executing FSA-211.

**Note:** See paragraph 729.5 when the producer's signature cannot be obtained by a program deadline and there is no valid power of attorney on file.

## **C** False Certification of Incapacitation

If COC determines that the certification is erroneous:

- non-FSA power of attorney is invalid for FSA and CCC purposes
- grantor may complete FSA-211.

## **D** Redelegation of Authority to Act on Behalf of the Grantor

An attorney-in-fact appointed using a non-FSA power of attorney shall not:

- appoint another attorney-in-fact to act on behalf of the grantor
- further delegate authority to act on behalf of the grantor.
- **Example:** John Smith is incapacitated and cannot complete FSA-211. Mr. Smith has a valid regional attorney reviewed and approved non-FSA power of attorney form on file in the County Office appointing Mary Brown as his attorney-in-fact. The County Office shall not process FSA-211 or other non-FSA power of attorney form completed by Mary Brown on behalf of John Smith. Only John Smith may grant someone authority to act on his behalf.

#### \*--729.5 Policy for Limited Case Waivers--\*

#### \* \* \*

## A Limited Case Waivers for Power of Attorney

A limited case exists when **both** of the following are met:

- a producer's signature cannot be obtained by a final program date because of an unexpected emergency
- the producer does not have a valid power of attorney on file.

COC is **not** authorized to approve limited case waivers. County Offices shall send limited cases to the State Office when the foregoing requirements are met.

STC, with regional attorney approval, may grant a limited case waiver when it is ensured that the proper signature authority is being obtained. A limited case waiver may only be granted:

- to immediate family members
- for **specific** program functions.

Program benefits shall be withheld until proper signature authority is provided to the County Office.

**Example:** The final date to submit an application for 2000 LAP is May 4, 2001. Jim White was unexpectedly hospitalized on April 27, 2001, and will be incapable of completing any applications or documents for 30 calendar days. Jim White does not have a valid power of attorney on file in the County Office. Jim White's father requests to complete the applicable 2000 LAP documents for his son and states that Jim White will complete FSA-211 appointing him attorney-in-fact when he is capable of completing FSA-211. The County Office sends STC the applicable 2000 LAP documents signed by Jim White's father and the father's statement that FSA-211 will be completed appointing him attorney-in-fact for Jim White. If the waiver is approved by STC and the regional attorney, the County Office shall process the application. However, all program benefits shall be withheld and COC shall not approve any document until Jim White completes FSA-211 appointing his father as attorney-in-fact to act on his behalf.

A Limited Case Waivers for	Limited case waivers are not applicable to any of the following:
Power of Attorney (Continued)	<ul><li>late-filed signatures</li><li>when the producer is capable of completing the applicable program documents</li></ul>
<b>`</b>	<ul><li>or FSA-211 before the final program date</li><li>when the reason the producer is unable to complete the applicable program</li></ul>
	<ul> <li>documents or FSA-211 is not unexpected.</li> <li>Example: The final date to submit an application for the 2000 LAP is April 27, 2001. Jane Jones will be hospitalized beginning April 20, 2001, for a scheduled surgery. She will be incapable of completing any applications or documents for 30 calendar days after the surgery. The surgery and hospital stay is not unexpected and she could have signed the applicable program documents or completed FSA-211 before the scheduled surgery. Accordingly, a limited case waiver is not applicable.</li> </ul>

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### \*--729.6 Policy for Active Military Duty Personnel

#### A Acceptable Non-FSA Power of Attorney Forms for Active Military Duty Personnel

County Offices may process and record the non-FSA power of attorney form for active military duty personnel **only** when **all** of the following are met:

- grantor is a member of the United States Armed Forces under active military duty
- County Office is provided a legible copy of the non-FSA power of attorney form to maintain on file
- regional attorney reviews and approves the non-FSA power of attorney form to ensure that the form meets both of the following:
  - provides legally sufficient authority for the attorney-in-fact to act on behalf of the grantor for FSA and CCC programs
  - compliance with applicable State and local laws.

**Important:** The State Office shall contact the National Office if the regional attorney declines to review non-FSA power of attorney forms.

County Offices shall:

- submit a copy of the non-FSA power of attorney form to the State Office for regional attorney review
- attach regional attorney determination to the non-FSA power of attorney form, and maintain on file
- notify applicable individuals of regional attorney determination--\*

# A Acceptable Non-FSA Power of Attorney Forms for Active Military Duty Personnel (Continued)

• **not** process any document signed by the attorney-in-fact until regional attorney review and determination is received

\* \* \*

State Offices shall:

- submit a copy of the non-FSA power of attorney form to the regional attorney for review
- **not**, under any circumstance, make a determination about the acceptability of a non-FSA power of attorney form

**Important:** The State Office shall contact the National Office if the regional attorney declines to review non-FSA power of attorney forms.

• provide the County Office with a copy of the regional attorney determination.

### 730 FSA-211 Authority

### **A** Representative Capacities

The authority to act for corporations, limited partnerships, limited liability partnerships, limited liability companies, and other similar entities may be redelegated by the entity's authorized representative only if the entity's documents allow for this redelegation. If redelegation is allowed by the entity documents, FSA-211 must be filed by the authorized representative to redelegate authority to an agent to act for the entity.

**Note:** See paragraph 713 for redelegation authority for trusts, estates, conservatorships, and guardianships.

An agent that has been delegated authority to act for an entity by the entity's authorized representative cannot further delegate authority to another agent.

\*--Example: The authorized representative for XYZ Corporation is Mike Jones. The corporate charter allows for redelegation of the authority to act for XYZ Corporation. Mike Jones completes FSA-211 appointing Jill Brown to act for XYZ Corporation. Jill Brown cannot further redelegate authority to act for XYZ Corporation to any other person.--\*

### **B** Rules on Filing

An entity that has operations in multiple counties may file 1 original power of attorney for each agent if:

- the original power of attorney designating an agent is properly negotiated and filed with the designated control County Office
- the entity provides the control County Office a list of County Offices where the agent is authorized to represent the entity
- the entity's headquarters office issuing the original power of attorney provides copies to each County Office where the agent is authorized to represent the entity
- the entity immediately updates each power of attorney, and list if applicable, as changes of authority for an agent occur
- the entity assumes all responsibility for actions resulting from not providing the necessary updates.

## 730 FSA-211 Authority (Continued)

#### C Farm Records Transferred

Powers of attorney shall be transferred to the new control County Office when a farming operation is moved to a different county.

## 731 Representatives for Certain Commodity Buyers

#### A Acceptable Representative's Signatures

For representatives of cotton, rice, or peanut buyers, accept the signature of an individual:

- who is acting as a representative of a:
  - cotton buyer in executing CCC-605
  - rice buyer
  - peanut buyer.
- whose name is included in a list of authorized representatives:
  - on file in the County Office
  - by letter from the buyer
  - •\*--on the Cotton Merchant Registry at http://intranet.fsa.usda.gov/psda--\*
  - signed by the president of the entity or other officer authorized to sign for the entity.

## 732 Telephone Notification for Certain Commodity Buyer Representatives

A Telephone Co Notification tele Requirements on

County Office employees shall accept, from cotton, rice, or peanut buyers, telephone notification of representatives authorized to sign who are not included on the list of authorized representatives (paragraph 731) when:

- the market price is of immediate concern
- identity of the authorizing official is authenticated, and documented in the appropriate County Office file to include the:
  - date of the telephone notification
  - name and title of authorizing official
  - name of County Office employee accepting the call and documenting the file
- commodity buyer provides an immediate followup letter of authorization signed by either of the following:
  - the entity's president
  - an officer authorized to sign on behalf of the entity.

### Par. 733

## A

Evidence ofUse the following table to determine acceptable evidence of authority to sign as aAuthorityreceiver or liquidator when a bankruptcy or foreclosure has been filed.

Evidence of Authority	Additional Requirements
Order of bankruptcy or foreclosure	A copy must be filed in the County Office.
Either of the following:	It must contain the following by the issuing court:
<ul> <li>order of appointment with authority for execution</li> <li>a short certificate of appointment</li> </ul>	<ul> <li>a signature of the court's officer</li> <li>the affixed seal</li> <li>a certification by the court's officer that the evidence of authority is in full force and effect.</li> <li>A copy must be filed in the County Office.</li> </ul>
Order of appointment for the Comptroller of the Currency	<ul> <li>The authorized official has:</li> <li>signed</li> <li>affixed the comptroller's official seal</li> <li>certified that the appointment is in full force.</li> <li>A copy must be filed in the County Office.</li> </ul>
Order of appointment for trustees for creditors, if permitted by State law	<ul> <li>The order must be:</li> <li>signed by all trustees, when there is a certified copy of a resolution adopted by a majority of the unsecured creditors</li> <li>certified by 1 or more trustees whose appointment is in full force and effect.</li> <li>A copy must be filed in the County Office.</li> </ul>

# 734 Management Service Agencies

## **A** Evidence of Authority

Evidence of authority for management service agencies to sign on behalf of a producer shall be granted on FSA-211.

## 735-744 (Reserved)

Section 5 (Withdrawn--Amend. 5)

745-749 (Withdrawn--Amend. 5)

## Section 5.5 FSA Responsibilities Regarding NRCS Customers

#### 750 MOA Between FSA and NRCS

#### A Introduction

On July 16, 2004, the FSA Administrator and NRCS Chief agreed that, effective October 1, 2004, responsibility for providing administrative services for all EQIP contracts, including Ground and Water Surface Water Conservation and Klamath Basin Water Conservation, would be migrated from FSA to NRCS.

Subparagraph B outlines the responsibilities of FSA based on the signed MOA.

#### **B** FSA/CCC Responsibilities

MOA identifies many tasks required for migration of EQIP from FSA to NRCS. MOA further specifies that beginning October 1, 2004, or as soon thereafter as possible, FSA will provide the following services to NRCS on an ongoing basis, or until MOA is terminated.

\*--Note: County Offices shall update eligibility for EQIP, Wildlife Habitat Incentives Program, Agricultural Management Assistance, Conservation Security Program, WRP, Grasslands Reserve Program, and any other programs administered by NRCS that require the use of FSA eligibility records.--\*

MOA Requirement	Status
FSA will provide access to FSA AGI web service.	A web service has been developed and is currently being used by NRCS to read:
	• AGI eligibility for producers and members of joint operations and entities
	• the permitted entity file on the Kansas City mainframe to determine member information for joint operations and entities.
FSA will accept and process current year AGI	Ongoing. See paragraph 753 for additional information.
*compliance certification for NRCS*	
applicants that have no determination on file.	
FSA will provide access to FSA producer	A web service has been developed and is currently being
eligibility web service. The web service provides	used by NRCS to read the applicable determinations
the status of compliance with AD-1026, HELC	recorded in the subsidiary web-based eligibility system.
and WC, according to 6-CP as of the date	
accessed.	
FSA will accept certification and record	Ongoing. See paragraphs 752 and 753 for additional
*compliance status for NRCS applicants*	information.
having no determination on file.	

#### 750 MOA Between FSA and NRCS (Continued)

#### **B** FSA/CCC Responsibilities (Continued)

MOA Requirement	Status
FSA will provide access to SCIMS.	Trained NRCS employees have access
	to SCIMS.
FSA will record information in SCIMS for	Ongoing. See paragraph 751 for
*NRCS applicants having no records on file if*	additional information.
trained NRCS employees are unavailable.	
FSA will process, hear, and issue determinations for	Ongoing. See 1-APP, paragraph 72 for
all EQIP appeals and handle mediations. NRCS	additional information.
shall continue to prepare for and participate in	
hearings of NRCS adverse technical or	
non-technical determinations.	

### 751 SCIMS

### A Entering Information in SCIMS

FSA County Office employees shall be responsible for timely entering certain information and establishing legacy links in SCIMS for NRCS \* \* \* applicants as follows.

- Record all pertinent information provided by NRCS in SCIMS for \* \* \* applicants having no current records on file if trained NRCS employees with access to SCIMS are unavailable.
- Upon request by NRCS, an "FSA Customer, Program Participation" record shall be
   \*--established for NRCS applicants currently residing in SCIMS as only an "NRCS--\* Customer" with "State", "County Serviced", and "Organization Name" identified accordingly. "General Program Interest" shall be identified as "Does not have interest in program" and "Current Participant" shall be "Not Currently Participating". Legacy links shall then be established accordingly.
  - **Note:** In all cases, FSA shall continue to be solely responsible for establishing legacy links. This legacy link must be established for data to be downloaded to the AS/400 and an eligibility record created.

### A Farm and Tract Maintenance

3-CM provides procedure for farm and tract maintenance. FSA County Office shall determine whether the producer is applying for EQIP on land for which a farm already exists \*--in FRS. If the FSA County Office determines that the land is:

- associated with a farm that already exists in FRS, the FSA County Office shall add the producer to the farm as an operator, owner, or other producer according to 3-CM, paragraph 130, 211, or 226, as applicable
- not associated with a farm that already exists in FRS, the FSA County Office shall, as applicable, do 1 or more of the following:
  - add a new tract to an existing farm according to 3-CM, paragraph 155
  - increase the acreage on the farm according to 3-CM, paragraph 152
  - add a new farm according to 3-CM, paragraph 105.--\*

\* \* \*

#### **B** Conservation Compliance

6-CP provides procedure for conservation compliance. Conservation compliance shall be determined for all new producers. FSA shall follow:

- 6-CP for conservation compliance
- 3-CM to update NRCS determination flags.

#### A Web-Based Eligibility System

For the administration of all programs, FSA's primary responsibility with regard to the web-based eligibility system is to ensure that the files are updated accurately and timely. Specifically for the administration of EQIP, this provision applies to accepting and recording determination information for each of the following:

- AGI certifications, either filed by the producer using CCC-526 or other acceptable certification according to 1-PL
- AD-1026 certification.
  - **Note:** If the producer is not associated with land, the producer is still required to complete AD-1026 certifying compliance with HELC/WC provisions.

## **B** Member Information for Entities and Joint Operations

Producers participating in most FSA programs are required to complete the applicable CCC-502 for "actively engaged in farming" and "person" determinations. This documentation also identifies members of joint operations and entities and is used for various purposes.

CCC-502 is not required for producers participating in EQIP. As a result, FSA and NRCS have agreed that CCC-501A shall be accepted for joint operations and entities so that members can be identified. Once received, FSA County Offices **shall immediately** take the following action based on CCC-501A provided by NRCS.

- Record the members of the joint operation or entity into the **System 36** joint operation or permitted entity file according to 2-PL.
- Set the permitted entity flag for members of joint operations and entities according to the following.

IF the producer is a	THEN set the permitted entity flag to				
joint operation	"N" for each member of the joint operation.				
entity	"D" for each member of the entity.				

Note:

## \*--754 Action

## A FSA Service Center Employee Action

FSA Service Center employees shall take the following action for producers who participate in EQIP.

- Timely enter information and establish legacy links in SCIMS for NRCS EQIP applicants.
- Add or update farm record information as necessary according to paragraph 4.
- Determine conservation compliance for all new producers.
- Ensure that web-based eligibility records are updated accurately and timely based on documentation submitted by NRCS for producers applying for EQIP benefits.

## **B** State Office Action

State Offices shall ensure that FSA Service Center employees comply with the policy in this section and the respective provisions of MOA between FSA/CCC and NRCS.

### **C** NRCS Responsibilities

Local NRCS offices shall:

- provide respective FSA County Offices with timely and accurate information for producers applying for EQIP benefits as outlined in this notice
- comply with the applicable provisions of MOA between FSA/CCC and NRCS.
- record their respective information in SCIMS if a trained employee is available.--\*

755-759 (Reserved)

## \*--Section 6 Web-Based Fiduciary System

#### 760 Web-Based Process

### A Overview

Web-based software has been developed to record and update fiduciary data. All FSA National Office, State Office, and County Office personnel with an eAuthentication ID have the capability to record and update data. All NRCS and RD personnel have the capability to view data.

### **B** Purpose

This section provides instructions for accessing and updating web-based fiduciary files. Fiduciary files are used to record the following:

- conservatorships
- deceased producers
- FSA powers of attorney (FSA-211)
- guardianships
- non-FSA powers of attorney (other than FSA-211)
- spousal signature authority.

The Fiduciary Relationship System also provides reporting capabilities.--\*

## \*--761 Accessing Fiduciary Relationship System

### A Accessing Fiduciary Web Site

Access the FSA Applications web site through the FSA Intranet at **http://intranet.fsa.usda.gov/fsa/FSAIntranet\_applications.html**. CLICK "Fiduciary" under "Common Applications", and the USDA eAuthentication Screen will be displayed. Users must CLICK:

- "I Agree" to proceed
- "Cancel" to end the process.

US	United States Department of Agriculture USDA eAuthentication
and and a	Password -
	Home About eAuthentication Help Contact Us Find an LRA
	*********************WARNING*************
	<ul> <li>You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.</li> </ul>
	<ul> <li>Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.</li> </ul>
	<ul> <li>By using this information system, you understand and consent to the following:</li> </ul>
	O You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, the government may for any lawful government purpose monitor, intercept, search and seize any communication or data transiting or stored on this information system.
	<ul> <li>Any communications or data transiting or stored on this information system may be disclosed or used for any lawful government purpose.</li> </ul>
	O Your consent is final and irrevocable. You may not rely on any statements or informal policies purporting to provide you with any expectation of privacy regarding communications on this system, whether oral or written, by your supervisor or any other official, except USDA's Chief Information Officer.
	*********************WARNING***************
	Cancel
	eAuthentication Home   USDA.gov   Site Map
	eAuthentication Home   USDA.gov   Site Map Accessibility Statement   Privacy Policy   Non-Discrimination Statement   www.FirstGov.gov

# \*--761 Accessing Fiduciary Relationship System (Continued)

## A Accessing Fiduciary Web Site (Continued)

After clicking "I Agree", users must:

- enter eAuthentication user ID
- enter eAuthentication password
- CLICK "Login".

United States Department of Agriculture USDA eAuthentication	
Password -	
	Home About eAuthentication Help Contact Us Find an LRA
Quick Links What is an account?	entication Login
Create an account     User	ID: Forgot your User ID?
Administrator Links  Local Registration Authority Login	rd: Forgot your Password? Change My Password
	Login
What's	New
NEW! In	nprovements to USDA Employee Registration
	he new registration process provides a faster method of obtaining an Authentication Employee account. Click here for more information!
Self-Se	rvice Enhancements
	mprovements to Forgotten Password Reset and Forgotten User ID are now vailable. Click here for more information!
Import	ant! Employees and Contractors:
	lease update your business email and phone in your profile. Click here for dditional details.
	eAuthentication Home   USDA.gov   Site Map
Accessionity statemen	t   Privacy Policy   Non-Discrimination Statement   www.FirstGov.gov

# \*--761 Accessing Fiduciary Relationship System (Continued)

## **B** Accessing Fiduciary Relationships Home Page

After a user is logged in and has been authenticated, users must click applicable "Fiduciary Relationships" option.

The following is an example of Fiduciary Relationships Home Screen.

United States Departm				Fiduciary	y.
		-		and a second second	
ome Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduciary Log0
Fiduciary Menu Welcome: Bobbie	Fiduciary > Fidu	iciary Relationsh	ips Home		
Butler	Fiduciary I	Relationship	s Home		
User Role: FSA	Welcome!				
Fiduciary Relationships	Please use the r	navigation menu	on the left to s	elect the app	propriate action.
Record Deceased					
Record Conservatorship					
Record Guardianship					<u>Back to Top</u>
Record FSA Power of Attorney					
Record Non-FSA Power of Attorney					
Record Spousal Signature Authority					
Search Fiduciary Relationships					
Jpdate Fiduciary Relationships					
Fiduciary Relationships Report					
	1				

# \*--761 Accessing Fiduciary Relationship System (Continued)

# **B** Accessing Fiduciary Relationship Home Page (Continued)

The following options are available on the Fiduciary Relationships Home Screen.

Option	Result	Option is Used For
Record Deceased	Record Deceased Producer	Recording a deceased
	Screen will be displayed.	producer according to
		paragraph 762.
Record	Record Conservatorship Screen	Recording a conservatorship
Conservatorship	will be displayed.	according to paragraph 763.
Record Guardianship	Record Guardianship Screen will	Recording a guardianship
	be displayed.	according to paragraph 764.
Record FSA Power of	Record FSA Power of Attorney	Recording an FSA power of
Attorney	Screen will be displayed.	attorney according to
		paragraph 765.
Record Non-FSA	Record Non-FSA Power of	Recording a non-FSA power
Power of Attorney	Attorney Screen will be	of attorney according to
	displayed.	paragraph 768.
Record Spousal	Record Spousal Signature	Recording spousal signature
Signature Authority	Authority Screen will be	authority according to
	displayed.	paragraph 769.
Search Fiduciary	Search Fiduciary Relationships	Searching for fiduciary
Relationships	Screen will be displayed.	relationships according to
		paragraph 770.
Update Fiduciary	Update Fiduciary Relationships	Updating a fiduciary
Relationships	Screen will be displayed.	relationship already recorded
		according to paragraph 771.
Fiduciary	Fiduciary Relationships Reports	Accessing fiduciary reports
Relationships Report	Screen will be displayed.	according to paragraph 772.

--\*

#### \*--762 Recording Deceased Producer

#### A Overview

The "Record Deceased" option shall be used to record deceased individuals. Recording a deceased individual will terminate all agreements associated with the individual and prohibit the recording of any new agreement associated with the individual.

#### **B** Record Deceased Producer Screen

To record a deceased producer, CLICK "Record Deceased" on the Fiduciary Relationship Menu. The following is an example of Record Deceased Producer Screen before any selections have been made.

United States Departm	-			Fiduciary	,	
			and the state of the	and a state of the	Mar A	
Home Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduo	ciary LogOut
Fiduciary Menu Welcome: Bobbie	<u>Fiduciary</u> > <b>Record</b>	l Deceased Produce	r			
Butler User Role: FSA	Record De	ceased Produ	cer			
	Principal (Dece	ased Producer)				
Fiduciary	Name		Tax Id			
Relationships	Select Principal					
Record Deceased						
Record Conservatorship	Date of Death			<b>•</b> n	nm/dd/yyyy	
Record Guardianship	Document Prov	ided for Verificati	on		,, , , , , , , , , ,	~
Record FSA Power of Attorney						
Record Non-FSA Power of Attorney	FSA-325 Form		FS	A-325 is on	file	>
Record Spousal						
Signature Authority	Recording Offic	e				
Search Fiduciary	State					
Relationships	Mississippi	~				
Update Fiduciary	Service Center	r				
Relationships	CLARKSDALE S	ERVICE CENTER	*			
Fiduciary Relationships Report						
	Preview	Completed Decea	ised			
					E	Back to Top 🔿

# **B** Record Deceased Producer Screen (Continued)

Field/Button	Description	Action
Principal	Allows users to select	CLICK "Select Principal" and the USDA
(Deceased	deceased individual.	SCIMS Customer Search Page will be
Producer) -		displayed. Select producer by searching
Select Principal		by type, name, tax ID, or other.
Date of Death	Allows users to enter the	Enter date of death. The date of death
	selected producer's date of	must be entered as "mm/dd/yyyy" or
	death.	click on the calendar to select date.
2		Note: The date of death cannot be more than 5 years before the recording date. If a date of death is not entered, the system will enter the current date.
Document	Allows users to enter the	Enter the type of documentation obtained
Provided for	type of documentation	for verification in the free form entry
Verification	obtained for verification of	box. Do <b>not</b> enter any PII data. This
	death.	entry is optional.
FSA-325 Form	Allows users to indicate if	Click box if FSA-325 is on file.
	FSA-325 is on file in the	
Decendine	County Office.	Calast the recording State and Corrige
Recording Office - State	Allows users to select the State and Service Center	Select the recording State and Service
and Service		Center using the drop-down menu containing all States and counties.
Center	that is recording the death of the producer.	containing an States and counties.
Center	the producer.	
	<b>Note:</b> The State and	
	Service Center is	
	defaulted according	
	to user's	
	eAuthentication.	
Preview	Allows users to view name,	CLICK "Preview Completed Deceased"
Completed	last 4 of TIN, address, date	to view and verify data before submitting
Deceased	of death, document provided	the record.
	for verification, status of	
	FSA-325, and recording	
	State Office and Service	
	Center.	

## C Record Deceased Producer Preview Screen

The Record Deceased Producer Preview Screen allows users to revise incorrect or incomplete data previously entered before submitting the record.

The following is an example of Record Deceased Producer Preview Screen after a principal, date of death, and recording office was selected.

United States Department of Agriculture				Fiduciary					
		Contraction of the second				Same and the second second	in the second second	<u>M</u>	. Inter
Home	Eligibility	Business File	Combined Producers	Paymer Limitatio		Subsidiary Print	Reports	Fiducia	ry LogOut
Weld	uciary Me come: Bob				d Producer Preview				
Butle			<b>Record Dec</b>	eased	Producer Pr	eview			
User	r Role: FS#	l.	Principal (Dece		-				
Fidu	uciary		Name	Tax ID	Address	City	State 7	Zip Code	
	tionship	s	JESSIE HAYNES	N	26 STATE AVE	CLARKSDAL	E MS - 3	38614	<u>Revise</u>
Reco	ord Deceas	sed							
Reca	ord Conser	vatorship	Date of Death		06/	01/2009			<u>Revise</u>
Reco	ord Guardi	anship	Document Prov	ided for V	erification				<u>Revise</u>
Reco Atto	ord FSA Po rney	ower of	FSA-325 Form		No				<u>Revise</u>
	ord Non-FS ttorney	SA Power	Recording Offic	e					
	ord Spouse		State		Service C	enter			
Sign	ature Auth	nority	Mississippi		CLARKSDAL	LE SERVICE CEN	ITER		<u>Revise</u>
	rch Fiducia tionships	iry							
Upda	ate Fiducia tionships	ary	Submit Dec	eased				Ra	ck to Top ^
Fidu Repo	ciary Rela ort	tionships						<u></u>	
									%

#### **C** Record Deceased Producer Preview Screen (Continued)

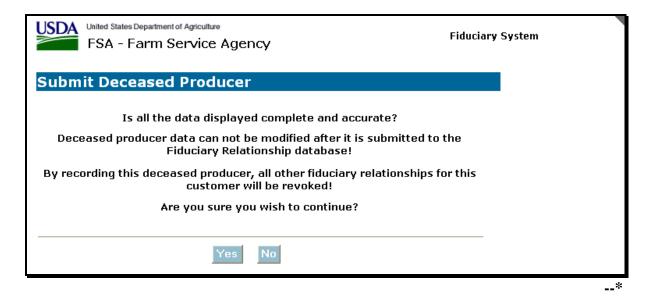
The following options are available on the Record Deceased Producer Preview Screen.

Field/Button	Description	Action
Revise	Allows users to revise	CLICK "Revise" to return to Record
	data.	Deceased Producer Screen to make
		applicable changes.
Submit Deceased	Allows users to submit	CLICK "Submit Deceased" after all
	the deceased record	data on the preview screen has been
		verified as correct and the Submit
		Deceased Producer Screen will be
		displayed.

#### **D** Submit Deceased Producer Screen

The Submit Deceased Producer Screen will be displayed when users CLICK "Submit Deceased". If all data is complete and accurate, and users want to continue, CLICK "Yes" and the Terminated Agreements Screen will be displayed. If users do not want to continue or all data is not complete and accurate, CLICK "No" and the Record Deceased Producer Preview Screen will be displayed.

The following is an example of the Submit Deceased Producer Screen.



## **E** Terminated Agreements Screen

The Terminated Agreements Screen will be displayed when users CLICK "Yes" on the Submit Deceased Producer Screen. The message, "The following agreements were terminated as a result of a Deceased Producer", will be displayed if the producer, recorded as deceased, was associated with agreements previously recorded. A message indicating the producer did not have any existing agreements will be displayed if the producer, recorded as deceased, was not associated with agreements previously recorded. CLICK "Continue" to return to the Fiduciary Relationships Home Screen.

The following is an example of the Terminated Agreements Screen for a producer, recorded as deceased, that was associated with agreements previously recorded.

USDA	nited States Departme Farm Service	-			Fiduciary			
	Ser of		-		and a state of the		sh.	
Home Eligibi	ility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports F	iduciary L	ogOut
Fiduciary Welcome:		<u>Fiduciary</u> > <b>Termin</b>	_					
Butler		Terminated	Agreement	ts				
User Role:	FSA	The following ag for:	greements wer	e terminated a	as a result of	f a Decea	sed Produ	ıcer
Fiduciary Relations	hips	JESSIE HAYNES						
Record De		Type FSA 211						
Record Cor	nservatorship	Non FSA Power	of Attorney					
Record Gu	ardianship							
Record FSA Attorney	A Power of	Continue					<u>Back to</u>	<u>Top ^</u>
Record Nor of Attorney	n-FSA Power /							
Record Spe Signature								
Search Fid Relationsh								
Update Fid Relationsh								
Fiduciary F Report	Relationships							
								*

#### \*--763 Recording Conservatorship

#### A Overview

The "Record Conservatorship" option shall be used to record incompetent individuals and their conservator. Recording an incompetent individual will terminate all agreements associated with the individual and prohibit the recording of any new agreement associated with the individual.

#### **B** Record Conservatorship Screen

To record a conservatorship, CLICK "Record Conservatorship" on the Fiduciary Relationship Menu. The following is an example of Record Conservatorship Screen before any selections have been made.

United States Departme	-			Fiduciar	v	
		-		and a state of the state	ingen 🔊	
Home Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduc	iary LogOut
Fiduciary Menu Welcome: Bobbie Butler User Role: FSA	Fiduciary > Record					
	Incompetent					
Fiduciary Relationships	Name Select Incompetent		Tax Id			
Record Deceased						
Record Conservatorship	Conservator					
Record Guardianship	Name Select Conservator		Tax Id			
Record FSA Power of Attorney						
Record Non-FSA Power of Attorney	Stipulations	t if there are no sti	pulations.			
Record Spousal Signature Authority						
Search Fiduciary Relationships						
Update Fiduciary Relationships	Recording Office State	9				
Fiduciary Relationships	Mississippi	~				
Report	Service Center			1		
	CLARKSDALE SE	ERVICE CENTER	*			
	Effective Date				m/dd/yyyy	
	Revoked/Cance	elled Date			m/dd/yyyy	
	Reason for Revo	ocation/Cancel	lation			~
	Explanation for	Reason "Other'	•			~
						>
	Preview	v Completed Co	nservatorship			
	t estas en en		I TON TONIS STATE	100.0 1	E	lack to Top ^
FOIA   Accessibility Stat	<u>Fiduciary Ho</u> ement   Privacy Policy	ome   <u>FSA Internet</u>   Non-Discriminatio	<u>roA Intranet</u>   <u>L</u> on Statement   In	formation Oual	ity   FirstGov   Wh	ite House I

# \*--763 Recording Conservatorship (Continued)

# **C** Options

The following options are available on the Record Conservatorship Screen.

Option	Description	Action
Incompetent	Allows users to select incompetent	CLICK "Select Incompetent"
Select	individual.	and the USDA SCIMS Customer
Incompetent		Search Page will be displayed.
		Select individual by searching by
		type, name, tax ID, or other.
Conservator	Allows users to select conservator.	CLICK "Select Conservator" and
Select		the USDA SCIMS Customer
Conservator		Search Page will be displayed.
		Select individual by searching by
		type, name, tax ID, or other.
Stipulations	Allows users to indicate	Enter the stipulations about the
	stipulations of conservatorship, if	conservatorship, if applicable.
	applicable.	Do <b>not</b> enter any PII data. This
		entry shall only be used if
		stipulations are applicable.
Recording Office	Allows users to select the State	Select the recording State and
– State and	and Service Center that is	Service Center using the drop-
Service Center	recording the conservatorship.	down menu containing all States and Service Centers.
	<b>Notes:</b> The State and Service	
	Center is defaulted	
	according to user's	
	eAuthentication.	
	The recording Service	
	Center is the Service	
	Center that has the	
	conservatorship	
	documentation on file.	
Effective Date	Allows users to enter the date the	Enter the effective date. The
	conservatorship became effective	effective date must be entered in
		"mm/dd/yyyy" format or click
		on the calendar to select date.

--\*

# \*--763 Recording Conservatorship (Continued)

# C Options (Continued)

Option	Description	Action
Revoked/Cancelled Date	Allows users to enter the revocation/cancellation date of the conservatorship. <b>Note:</b> Once a record has been submitted, the user will access the record through the "Update Fiduciary Relationships" option to record a revoked/cancelled date.	Enter the revocation/cancellation date. The revocation/cancellation date must be entered in "mm/dd/yyyy" format or click on the calendar to select date. See paragraph 771.
Reason for Revocation/Cancellation	Allows users to enter the reason for the revocation/cancellation of the conservatorship. <b>Note:</b> Once a record has been submitted, the user will access the record through the "Update Fiduciary Relationships" option to record a revoked/cancelled reason.	Select the reason for the revocation/cancellation. If "other" is selected, a free form entry of the explanation must be entered. See paragraph 771.
Explanation for Reason "Other"	Allows users to enter an explanation for reason "Other".	Enter an explanation for reason "Other". Do <b>not</b> enter any PII data. This entry is required if reason "Other" is selected.
Preview Completed Conservatorship	Allows user to view name, last 4 of TIN, address, stipulations, recording State and Service Center, and effective date.	CLICK "Preview Completed Conservatorship" to view and verify data before submitting the record.

--\*

#### **D** Record Conservatorship Preview Screen

The Record Conservatorship Preview Screen allows users to revise incorrect or incomplete data previously entered before submitting the record.

The following is an example of Record Conservatorship Preview Screen after incompetent, conservator, recording State and Service Center, and effective date was selected.

United States Departme	-				Fiduciary			
		-				upun j	A	
Home Eligibility Business File	Combined Producers	Paymen Limitatio		Recording County	Subsidiary Print	Reports	s Fiducia	ry LogOut
Fiduciary Menu Welcome: Bobbie	Fiduciary > Record C							
Butler User Role: FSA	Record Cons	ervat	orshi	p Previev	N			
	Incompetent							
	Name	Tax ID	Addres	s	City	State	Zip Code	
Fiduciary Relationships	ELIZA ALFORD	1111 S	768 N F	ARK AVE	LYNCH	MS	36852	<u>Revise</u>
Record Deceased								
Record Conservatorship	Conservator							
Record Guardianship	Name	Tax ID	Addres	s	City	State	Zip Code	
Record FSA Power of Attorney	LISA S PINKERTON	1212 S	ро вох	102	ANGUA	MS	12000	<u>Revise</u>
Record Non-FSA Power of Attorney Record Spousal	Stipulations Revise							
Signature Authority								
Search Fiduciary Relationships	Recording Office							
Kelacionsinps	State			Service Cen	ter			
Update Fiduciary Relationships	Mississippi			CLARKSDALE	SERVICE CEN	ITER		<u>Revise</u>
Fiduciary Relationships								
Report	Effective Date			01/22	/2010			Revise
	Revoked/Cancell	ed Date						Revise
	Reason for Revoc		ancella	tion				Revise
	Explanation for R							
	Submit Cons	servators	ship					
			and a					
							<u>B</u> a	ack to Top ^ *

3-4-10

#### \*--763 Recording Conservatorship (Continued)

#### **D** Record Conservatorship Preview Screen (Continued)

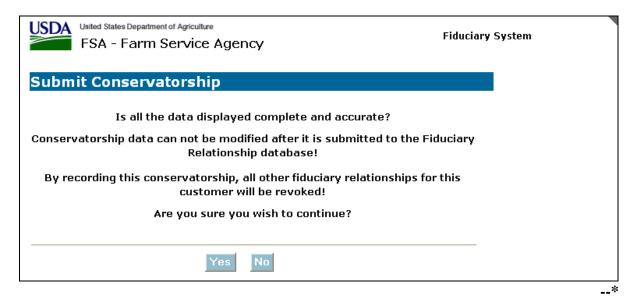
The following options are available on the Record Conservatorship Preview Screen.

<b>Field/Button</b>	Description	Action
Revise	Allows users to	CLICK "Revise" to return to Record
	revise data.	Conservatorship Screen to make applicable changes.
Submit	Allows users to	CLICK "Submit Conservatorship" after all data on
Conservatorship	submit the	the preview screen has been verified as correct and
	conservatorship	the Submit Conservatorship Screen will be
	record.	displayed.

#### **E** Submit Conservatorship Screen

The Submit Conservatorship Screen will be displayed when users CLICK "Submit Conservatorship". If all the data is complete and accurate, and users want to continue, CLICK "Yes" and the Terminated Agreements Screen will be displayed. If users do not want to continue or all data is not complete and accurate, CLICK "No" and the Record Conservatorship Preview Screen will be displayed.

The following is an example of the Submit Conservatorship Screen.



### \*--763 Recording Conservatorship (Continued)

#### F Terminated Agreements Screen

The Terminated Agreements Screen will be displayed when users CLICK "Yes" on the Submit Conservatorship Screen. The message, "The following agreements were terminated as a result of a Conservatorship", will be displayed if the producer, recorded as incompetent, was associated with agreements previously recorded. A message indicating the producer did not have any existing agreements will be displayed if the producer, recorded as incompetent, was not associated with agreements previously recorded. CLICK "Continue" to return to the Fiduciary Relationships Home Screen.

The following is an example of the Terminated Agreements Screen for a producer, recorded as incompetent, that was associated with agreements previously recorded.

USDA	States Department of Agriculture			Fiduciary				
	-				and a state of the second			
Home Fligibility		mbined oducers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduciary LogOut		
Fiduciary Menu Welcome: Bobbie	Fiducia	ary > Termin	nated Agreement	5				
Butler	Те	rminated	l Agreemen	ts				
User Role: FSA	for:	ollowing a	greements wer	e terminated	as a result o	f a Conservatorship		
Fiduciary Relationships	Туре	P						
Record Deceased	FSA							
Record Conservato		ntinue						
Record Guardianst						<u>Back to Top ^</u>		

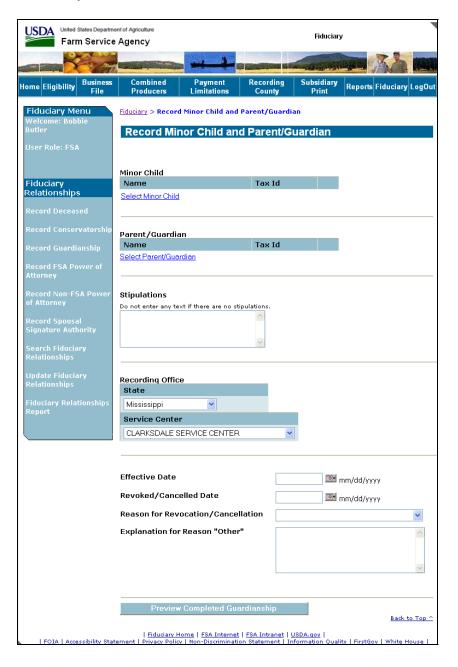
#### \*--764 Recording Guardianship

#### A Overview

The "Record Guardianship" option shall be used to record guardianships. Recording a guardianship will terminate all agreements associated with the minor child and prohibit the recording of any new agreement associated with the minor child.

#### **B** Record Guardianship Screen

To record a minor child, CLICK "Record Guardianship" on the Fiduciary Relationship Menu. The following is an example of Record Minor Child and Parent/Guardian Screen before any selections have been made.



--\*

# **C** Options

The following options are available on the Record Minor Child and Parent/Guardian Screen.

Option	Description	Action
Minor Child -	Allows users to select minor	CLICK "Select Principal" and
Select Minor Child	child.	the USDA SCIMS Customer
		Search Page will be displayed.
		Select individual by searching by
		type, name, tax ID, or other.
Parent/Guardian -	Allows users to select	CLICK "Select Agent" and the
Select	parent/guardian.	USDA SCIMS Customer Search
Parent/Guardian		Page will be displayed. Select
		individual by searching by type,
		name, tax ID, or other.
Stipulations	Allows users to indicate	Enter the stipulations pertaining
	stipulations of guardianship, if	to the guardianship, if applicable.
	applicable.	Do <b>not</b> enter any PII data. This
		entry shall only be used if
Decenting Office		stipulations are applicable.
Recording Office – State and Service	Allows users to select the State and Service Center that is	Select the State and Service
Center		Center using the drop-down
Center	recording the guardianship,	menu containing all States and Service Centers.
	<b>Notes:</b> The State and Service	Service Centers.
	Center is defaulted	
	according to user's	
	eAuthentication.	
	The recording Service	
	Center is the Service	
	Center that has the	
	guardianship	
	documentation on file.	
Effective Date	Allows users to enter the date	Enter the effective date. The
	the guardianship became	effective date must be entered in
	effective.	"mm/dd/yyyy" format or click on
		the calendar to select date.

--\*

# C Options (Continued)

Option		Description	Action
Revoked/Cancelled Date	revocat	Once a record has been submitted, the user will access the record through the "Update Fiduciary Relationships" option to record a	Enter the revocation/cancellation date. The revocation/cancellation date must be entered in "mm/dd/yyyy" format or click on the calendar to select date. See paragraph 771.
Reason for Revocation/Cancellation	for the	revoked/cancelled date. susers to enter the reason revocation/cancellation guardianship. Once a record has been submitted, the user will access the record through the "Update Fiduciary Relationships" option to record a revoked/cancelled reason.	Select the reason for the revocation/cancellation. If "Other" is selected, a free form entry of the explanation must be entered. See paragraph 771.
Explanation for Reason "Other"	explana "Other		Enter an explanation for Reason "Other". Do <b>not</b> enter any PII data. This entry is required if Reason "Other" is selected.
Preview Completed Guardianship	4 of TI recordi	s user to view name, last N, address, stipulations, ng State and Service , and effective date.	CLICK "Preview Completed Guardianship" to view and verify data before submitting the record.

## D Record Minor Child and Parent/Guardian Preview Screen

The Record Minor Child and Parent/Guardian Preview Screen will allow users to revise incorrect or incomplete data previously entered before submitting the record.

The following is an example of the Record Minor Child and Parent/Guardian Preview Screen after minor child, parent/guardian, stipulations, recording office, and effective date was selected.

United States Departme		Fiduciary					
		-		and an end of the local division of the		-A	
ome Eligibility Business File	Combined Producers	Payn Limita			ry <sub>Repo</sub>	rts Fiduci	ary LogO
Fiduciary Menu Welcome: Bobbie	Fiduciary > Record	Minor C	hild and Parent/	Guardian Previev	,		
Sutler	Record Min	or Chi	ild and Pare	nt/Guardian	Previe	w	
Jser Role: FSA							
	Minor Child Name	Тах	Address	City	State	Zip	
Fiducia <b>ry</b> Relationships	SEAN SIMONS	ID N	6670 HILL RD	PIERCE	MS	<b>Code</b> 38416	Revise
Record Deceased							
Record Conservatorship	Parent/Guardiar	n					
Record Guardianship	Name	Tax ID	Address	City	State	Zip Code	
Record FSA Power of	LIZA SIMONS	0002 S	1234 THIRD AV	E CHADROCK	MS	38905	<u>Revise</u>
Record Non-FSA Power of Attorney Record Spousal Signature Authority	<mark>Stipulations</mark> <u>Revise</u>						
Search Fiduciary	Recording Office						
Relationships	State		Servic	e Center			
Jpdate Fiduciary Relationships	Mississippi		CLARK	SDALE SERVICE C	ENTER		<u>Revise</u>
iduciary Relationships Report	Effective Date Revoked/Cance	lled Dat	07/11/	2002			<u>Revise</u> <u>Revise</u>
	Reason for Revocation/Can Explanation for I						<u>Revise</u>
	Submit Gua	rdianshi	n				

#### **D** Record Minor Child and Parent/Guardian Preview Screen (Continued)

The following options are available on the Record Minor Child and Parent/Guardian Preview Screen.

<b>Field/Button</b>	Description	Action
Revise	Allows users to	CLICK "Revise" to return to Record Minor Child
	revise data.	and Parent/Guardian Screen to make applicable
		changes.
Submit	Allows users to	CLICK "Submit Guardianship" after all data on
Guardianship	submit the	the preview screen has been verified as correct and
	guardianship record.	the Submit Guardianship Screen will be displayed.

#### **E** Submit Conservatorship Screen

The Submit Guardianship Screen will be displayed when users CLICK "Submit Guardianship". If all the data is complete and accurate, and users want to continue, CLICK "Yes" and the Fiduciary Relationships Report Screen will be displayed. If users do not want to continue or all data is not complete and accurate, CLICK "No" and the Record Minor Child and Parent/Guardian Preview Screen will be displayed.

The following is an example of the Submit Guardianship Screen.



# \*--765 Recording FSA Power of Attorney

## A Overview

The "Record FSA Power of Attorney" option provides users the ability to record FSA-211 in the Fiduciary Relationships System. This option also provides users the ability to print FSA-211's.

The following is an example of the Record FSA Power of Attorney Screen before any data being recorded.

United States Department of Agriculture Farm Service Agency		Fiduciary				
		-		Same States		
tome Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports F	iduciary LogOut
Fiduciary Menu Welcome: Bobbie Butler	<u>Fiduciary</u> > Record F		-			
User Role: FSA	Record FSA	Power of A	Attorney			
Fiducionu	Grantor					
Fiduciary Relationships	Name Select Grantor		Tax Id			
Record Deceased						
Record Conservatorship	Attorney-In-Fact					
Record Guardianship	Name Select Attorney-In-Fa	<u>d</u>	Tax Id			
Record FSA Power of Attorney						
Record Non-FSA Power	of Attorney.	Progr	ikus ena CCC	Erograms Transact	ion	
	Record S <u>pousal</u> Signature Authority	Add FS		CC Programs a		ons
	Search Aductory Relationships	. Inclus	deBarectors			
	Update Fiduciar	Cr	ор	Year Coun	ty State	Transaction
	Relationships	Add	Insured Crops	and Transaction	<u>15</u>	
	<ul> <li>Fiduciary Relati Report</li> </ul>					
			cording Office ate	8		
an an an an An An		l N	lissieeinni	y	. I	<u> </u>
<b>rvice Center</b> LARKSDALE SERVICE CEN	TER 🔽					Se
ext						Ne
						Back to Top ^
						%

# **B** Recording FSA Power of Attorney Options

The following provides options available on the Record FSA Power of Attorney Screen.

Option	Description	Action
Grantor - Select	Allows users to select the	CLICK "Select Grantor" and the
Grantor	grantor. Select grantor by	USDA SCIMS Customer Search
	searching by producer type,	Page will be displayed.
	name, tax ID, or other.	
Attorney-In-Fact -	Allows users to select the	CLICK "Select Attorney-In-Fact"
Select	attorney-in-fact. Select attorney-	and the USDA SCIMS Customer
Attorney-In-Fact	in-fact by searching by producer	Search Page will be displayed.
	type, name, tax ID, or other.	
FSA, NRCS and	Allows users to add FSA, NRCS,	CLICK "Add FSA, NRCS and CCC
CCC Programs -	and CCC programs and	Programs and Transactions" to view
Add FSA, NRCS	transactions.	and select FSA, NRCS, and CCC
and CCC Programs		programs and transactions. See
and Transactions		paragraph 766.
Insured Crops -	Allows users to add insured	CLICK "Add Insured Crops and
Add Insured Crops	crops and transactions.	Transactions" to view and select
and Transactions		insured crops and transactions. See
		paragraph 767.
Recording Office -	Drop-down menu allows users to	Select the recording office's State
State and Service	select the State and Service	and Service Center.
Center	Center that is recording the	
	power of attorney.	
	Notes: The State and Service	
	Center is defaulted	
	according to the user's	
	eAuthentication ID.	
	The recording county is	
	the Service Center that	
	has the original FSA-211	
	on file for the producer.	
Next	Allows users to continue.	Users <b>must</b> select a grantor;
		attorney-in-fact; FSA, NRCS, and
		CCC program; and/or insured crops
		and recording office <b>before</b> users
		CLICK "Next". The FSA Power of
		Attorney - Verify Signatures Screen
		will be displayed.

--\*

## C FSA Power of Attorney - Verify Signatures Screen

The FSA Power of Attorney - Verify Signatures Screen allows users to enter the required signatories, the signature/witness date, indicate if the grantor's signature was witnessed or notarized signature, and the effective date of the power of attorney.

The following is an example of the FSA Power of Attorney - Verify Signatures Screen before entering required signatories for a grantor that is a corporation.

United States Department of Agriculture				Fiduciary						
						a francis	and the second	is ju is ju	3h	
lome Eligibility	Business File	Combined Producers		Payment Limitations	Recordin County		bsidiary Print	Reports	Fiduciary	LogOu
Fiduciary Menu Fiduciary > Reco Welcome: Bobbie										
Butler User Role: FSA		FSA Powe	er o	f Attorney	/ - Verify	Signat	tures			
		Grantor								
atures	Fiduciar Relation			me				Required number of sign		
			В	& D FARMS II	VC		2			
	Record D	eceased								
	Record Co	onservatorship	Rec	quired Signa	tories					
or	Record G	uardianship		Name		Signat Date	ure/Wit	ness	FSA With Notarize	
Add	Record FS Attorney	SA Power of	1							
Add	Record No of Attorne	on-FSA Power Sy	-							
уууу	Record Sj Signature	oousal Authority	Eff	ective Date						mm/dd/
/уууу	Search Fi Relations		Rev	voked/Canc	elled Date					mm/dd
	Undate Fi	duciary				ແລະອ	Revoca	nnever		-
			Relat	ionshipe=	35			•		·
			Fiduc Repo	iary Relation rt	ships Exp	lanatior	n for Rea	ason "Ot	her"	
Print FS	Print FSA-211 Return Preview Completed POA									
									Back to	Top ^

## C FSA Power of Attorney - Verify Signatures Screen (Continued)

The following is an example of the FSA Power of Attorney – Verify Signatures Screen before entering data for a grantor that is an individual.

USDA	United States Department of Agriculture Farm Service Agency			Fiduciary				
		-		and a second second				
Home Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduciary	LogOut		
Fiduciary Menu Welcome: Bobbie	Fiduciary > Recor	d FSA Power of A	ttorney - Verif	y Signatures				
Butler User Role: FSA	FSA Power of Attorney - Verify Signatures							
	Grantor							
Fiduciary	Name		Por	wirod numbe	r of signatures			
Relationships	FLETCHER SPEN		1	lanca nampe	a or signatures			
Record Deceased			1					
Record Conservatorship	Required Signa							
Record Guardianship	Signature/Witness Date FSA Witnessed or Notarized							
Record FSA Power of Attorney		🕈 mm/dd/yyyy	FS	A Witnessed 👻				
Record Non-FSA Power of Attorney	Effective Date				™mm/dd/yyyy			
Record Spousal Signature Authority					ed			
Search Fiduciary	Revoked/Canc	ellea Date		<u></u>	🖭 mm/dd/yyyy			
Relationships	Reason for Rev	ocation/Cancel	lation		~			
Update Fiduciary Relationships	Explanation fo	• Reason "Other	•		<u>^</u>			
Fiduciary Relationships Report					~			
	Return	Preview Comp	leted POA	Print	FSA-211			
					<u>Back :</u>	<u>to Top ^</u> *		

# C FSA Power of Attorney - Verify Signatures Screen (Continued)

The following options are available on the FSA Power of Attorney - Verify Signature Screen.

Option	Description	Action			
Required	Allows users to enter the names	CLICK "Add" and the USDA			
Signatories – Add	of the required signatories.	SCIMS Customer Search Page			
		will be displayed. Select signatory			
Note: Only		by searching by type, name, tax			
available if		ID, or other.			
grantor is					
not an					
individual.					
Required	Allows users to delete the name	CLICK "Delete" to delete required			
Signatories – Delete	of required signatory after it has	signatory.			
	been entered if it was an incorrect selection. Enter the	CLICK "Add" and the USDA			
	name of the correct signatory.	SCIMS Customer Search Page			
	name of the correct signatory.	will be displayed. Select correct			
	Note: User must enter	signatory by searching by type,			
	signature/witness date and	name, tax ID, or other.			
	select whether it was FSA				
	witnessed or notarized.				
Signature/Witness	Allows users to enter the date the	Enter the signature/witness date.			
Date	signatory signed the FSA power	The signature/witness date <b>must</b>			
	of attorney.	be entered in "mm/dd/yyyy"			
		format or click the calendar to			
		select date.			
FSA Witnessed or	Allows users to select how the	CLICK:			
Notarized	signature was validated.				
		• "FSA Witnessed" from the			
		drop-down menu if the			
		signature was witnessed by an			
		FSA employee			
		• "Notarized" from the drop-			
		down menu if the signature was notarized.			
Effective Date	Allows users to enter the date the	Enter the effective date. The			
Literive Date	power of attorney became	effective date must be entered in			
	effective.	"mm/dd/yyyy" format or click the			
		calendar to select date.			
		curentaur to bereet dute.			

--\*

Option	Description	Action
Revoked/Cancelled Date	Allows users to enter the	Enter the
	revocation/cancellation date of	revocation/cancellation date.
	the power of attorney.	The revocation/cancellation
		date must be entered in
	Note: Once a record has been	"mm/dd/yyyy" format or click
	submitted, the user will	the calendar to select date.
	access the record through	
	the "Update Fiduciary Relationship" option to	
	record a	
	revoked/cancelled date.	
	See paragraph 771.	
Reason for	Allows users to enter the reason	Select a reason for the
Revocation/Cancellation	for the revocation/cancellation	revocation/cancellation from
	of the power of attorney.	the drop-down menu.
	Note: Once a record has been	
	submitted, the user will	
	access the record through the "Update Fiduciary	
	Relationship" option to	
	record a	
	revoked/cancelled reason.	
	See subparagraph 771.	
Explanation for Reason	Allows users to enter an	Enter an explanation for
"Other"	explanation for Reason "Other".	Reason "Other". Do <b>not</b> enter
		any PII data. This entry is
		required if Reason "Other" is
Print FSA-211	Allows users to write ESA 211	selected.
Print FSA-211	Allows users to print FSA-211.	CLICK "Print FSA-211" to print FSA-211 with data
		entered. A PDF version will
		be displayed.
Return	Allows users to return to	CLICK "Return" to make
	Record FSA Power of Attorney	changes on Record FSA Power
	Screen.	of Attorney Screen.
Preview Completed POA	Allows users to continue to	CLICK "Preview Completed
	Record FSA Power of Attorney	POA" to view and verify data
	Screen.	<b>before</b> submitting the record.

## C FSA Power of Attorney - Verify Signatures Screen (Continued)

### D Record FSA Power of Attorney Preview Screen

The Record FSA Power of Attorney Preview Screen allows user to verify data before submitting the record.

The following is an example of the Record FSA Power of Attorney Preview Screen for a grantor that is **not** an individual.

Farm Service					Fiducia	iry		2
		**	<b></b> @		a ha ƙasar ay ƙasar ƙasar		1 MA	
Eligibility Business File	Combined Producers	Payr Limita		Recordin County		Repo	orts Fidu	ciary Log(
i <mark>ciary Menu</mark> ome: Bobbie	Fiduciary > Recor	d FSA Po	wer of At	torney Pro	eview			
r	Record FS	A Pow	er of A	Attorne	ey Preview	1		
Role: FSA								
	Grantor Name	Tay I	D Addre:	~~	City	State	- 7in	
ciary							Code	
tionships	DAC INC	0001	E 401 MA	AYO STRE	ET CARTER	MS	38103	<u>Revise</u>
rd Deceased								
rd Conservatorship	Attorney-In-Fa							
rd Guardianship	Name	Tax I	D Addre	55	City	State	e Zip Code	
rd FSA Power of	KATIE BUXTER	0005	S 1215 H	STREET	FAIRBERRY	MS	38203	<u>Revise</u>
ney								
rd Non-FSA Power torney	Required Signa Name	tories	Pignatu	uro Dato	FSA Witn	occod r		
rd Spousal	Name		aignatt	ire Date	Notarized		,,	
ature Authority	ALEX BOSTON		01/13/2		FSA Witne			<u>Revise</u>
ch Fiduciary	CLARA SMITH		01/13/2		FSA Witne	ssed		<u>Revise</u>
ionships	DALTON BLAKE		01/13/2	010	Notarized			<u>Revise</u>
te Fiduciary ionships								
iary Relationships	FSA, NRCS and	CCC Pro	ograms					
rt	Program			action				
	<ul> <li>All current a future progra</li> </ul>	nd all ams	• All a	actions			1	<u>Revise</u>
	Insured Crops							
	Crop	Year	County	State	Transaction			
			-					
	Recording Offic	e						
	State Mississippi		Service CLARKSD		ICE CENTER			Revise
			02.111100					
	Effective Date			0	1/13/2010			Revise
	Revoked/Canc	elled Da	te	0				1.00108
	Reason for Rev			ation				
	Explanation fo							
	Required Numb #	per of Sig	gnatures					
	* 3 <u>Revise</u>							
	<u></u>							
	Submit							

#### D Record FSA Power of Attorney Preview Screen (Continued)

To change data displayed on the Record FSA Power of Attorney Preview Screen, click any "Revise" to return to Record FSA Power of Attorney Screen. Make changes according to subparagraph C. After revisions have been made on the Record FSA Power of Attorney Screen, CLICK "Preview Completed Power of Attorney" to review data. CLICK "Submit" on the Record FSA Power of Attorney Preview Screen and the Submit FSA Power of Attorney Screen will be displayed.

#### E Submit FSA Power of Attorney Screen

The Submit FSA Power of Attorney Screen allows users to confirm all data is complete and accurate after clicking "Submit" on the FSA Power Of Attorney - Verify Signatures Screen. If all the data is correct, CLICK "Yes" to complete the recording of the FSA power of attorney and the Fiduciary Relationships Report Screen will be displayed indicating the record has been recorded. If user verifies the data is **not** correct, CLICK "No" and the FSA Power Of Attorney-Verify Signature Screen will be redisplayed.

The following is an example of the Submit FSA Power of Attorney Screen.

United States Department of Agriculture FSA - Farm Service Ager	TCY Fiduciary Syst	tem
Submit FSA Power Of Attorne	≥y	
Is all the data displaye	d complete and accurate?	
	dified after it is submitted to the Fiduciary hip database!	
Yes	Νο	*

#### **F** Fiduciary Relationships Report Screen

The Fiduciary Relationships Report Screen:

- will be displayed after the user clicks "Yes" on Submit FSA Power of Attorney Screen
- indicates the power of attorney has been recorded.

CLICK "FSA-211" to view the detail of the record. CLICK "Return" and the Fiduciary Relationships Home Screen will be displayed.

The following is an example of the Fiduciary Relationships Report Screen indicating FSA-211 has been recorded.

USDA	United States Department of Agriculture Farm Service Agency				Fiduciary				
		R MARINE AND	-	<b></b> ,		and states		17h	
Home Elig	ibility Business File	Combined Producers		yment litations	Recording County	Subsid Pri		ts Fiduciary	LogOut
	Fiduciary Menu Welcome: Bobbie								
Butler		Fiducia	ry Relati	ionships	Report				
User Rol	e: FSA	Select a rel	ationship	to view det	ail				
Fiducia Relatior		Туре	Principal	Agent	Effective Date	Revoke Cancel Date	Recording Office	Stipula Limita	ations / tions
Record [	Deceased	FSA 211	DAC INC 401 MAYO	KATIE BUXTER	01/13/2010		CLARKSDALE SERVICE CENT	n/a TER,	
Record (	Conservatorship		STREET CARTER, MS	1215 H STREET FAIRBERRY,			Mississippi		
Record (	Guardianship		38103	MS 38203					
	SA Power of								
Attorney		Return							
Record N of Attorn	lon-FSA Power ley							Back	to Top 🔿
									*

#### **G** FSA Power of Attorney Detail Screen

The FSA Power of Attorney Detail Screen will display the details of the power of attorney that has been recorded. Data can no longer be revised or deleted since the power of attorney has been recorded. CLICK "Return" and the Fiduciary Relationships Home Screen will be displayed.

The following is an example of the FSA Power of Attorney Detail Screen.

SDA United States Depart				Fiduciary	,	
		-	i circina al i	and a state of the state	Non A	
ne Eligibility Busines File	ss Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduc	iary LogOut
iduciary Menu	Fiduciary > FSA P	ower of Attorney	Detail			
'elcome: Bobbie utler	ESA Dower	of Attorney	Detail			
	TSAFOWC	or Autorney	Detail			
					昌 r	rinter Friendly
	Grantor				_	
iduciary elationships	Name	Address		City	State	Zip Code
	DAC INC	401 MAYO S	FREET	CARTER	MS	38103
ecord Deceased						
	Attorney-in-Fa	ct				
ecord Guardianship	Name	Address		City	State	
						Code
ecord FSA Power of ttorney	KATIE BUXTER	1215 H STRE	ET	FAIRBERRY	MS	38203
ecord Non-FSA Powe						
Attorney	Required Signa					
ecord Spousal	Name	_	ature Date		nessed or Nota	nrized
ignature Authority	ALEX BOSTON		3/2010		FSA Witnessed	
earch Fiduciary	CLARA SMITH		3/2010	FSA Witnessed		
elationships	DALTON BLAKE	01/1.	3/2010	Notarized		
pdate Fiduciary						
elationships	FSA, NRCS and	CCC Brograms				
iduciary Relationships		CCC Programs		Transact	ion	
		all future progra	ms	All act		
	Insured Crops					
	Program			Transac	tion	
	Recording Offic	e				
	State	Service Cen	ter			
	Mississippi	CLARKSDALE	SERVICE CENT	ER		
	Effective Date Revoked/Canc Reason for Rev Explanation for	ocation/Cance	llation	/13/2010		
	Return					

3-4-10

1-CM (Rev. 3) Amend. 46

Page 25-225 (and 25-226)

### A Overview

The "Add FSA, NRCS and CCC Programs and Transactions" option allows users to add programs and transactions that apply to a power of attorney agreement.

At least 1 program must be selected if "Add FSA, NRCS and CCC Programs and Transactions" is selected. If "all current programs" or "all current and all future programs" is selected, no other program except "other" may be selected. If "other" is selected, user must specify the program by making a free form data entry in box provided.

At least 1 transaction must be selected if user selected a program. The transactions must be recorded according to FSA-211 on file. If an entry was manually entered as "Other" on FSA-211, "Other" must be selected and the transactions entered in the free form data box.

After selection of programs and transactions, users must CLICK "Continue" to return to the Record FSA Power of Attorney Screen.--\*

## \*--766 FSA, NRCS, and CCC Programs and Transactions (Continued)

### **B** FSA, NRCS and CCC Programs and Transactions Screen

The following is an example of the FSA, NRCS and CCC Programs and Transactions Screen.

SDA United States Departm Farm Service				Fiduciary	
				anal of State of State of State	
ne Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print Rep	oorts Fiduciary Log
duciary Menu elcome: Bobbie	<u>Fiduciary</u> > FSA, N	IRCS and CCC Pro	ograms and Tra	nsactions	
tler	FSA, NRCS	and CCC P	rograms a	and Transact	tions
er Role: FSA					
duciary	FSA, NRCS and	CCC Programs			
lationships	Program				
cord Deceased	📃 All current pr	ograms			
coru Deceaseu	🔲 All current an	nd all future prog	grams		
cord Conservatorship	Direct and Co	ounter-Cyclical P	Program		
cond Cupuding dia	Noninsured C		-	m	
cord Guardianship	Tobacco prog	·			
cord FSA Power of	Marketing As	-	and Loan Defici	ency Payments	
orney	Milk Income L				
cord Non-FSA Power	Average Crop		-		
Attorney			-	s Program (SURE)	
				s Frogram (SORE)	
cord Spousal nature Authority	Tree Assistar				
	Livestock Ind				
arch Fiduciary	Livestock For	-		Deep and Came	
lationships	Raised Fish (I		restock, Honey	Bees, and Farm-	
date Fiduciary	Farm Storage	·	roaram		
lationships	FSA Conserva		- <u>9</u>		
	NRCS Conser	-			
uciary Relationships port	Other (Specif	_			
	Explanation for P				
		rogram other		^	
				~	
	T				
	Transactions fo	r FSA, NKUS an	a CCC Prograi	ms	
	Transactions				
	All actions				
	Signing applic	_	ents, and contr	acts	
	Making report	ts			
	Conducting a	II marketing assi	istance loan an	d LDP transactions	5
	🔲 AGI Certificat	tion			
	🔲 Routing Banki	ing Accounts			
	🗌 Other (Specif	fy)			
	Explanation for P	rogram Transac	tion "Other"		
	L			M	

### A Overview

The "Add Insured Crops and Transactions" option allows users to add insured crops and transactions that apply to a power of attorney agreement. This option will also be used to record FCIC data on FSA-211.

If "Add Insured Crops and Transactions" was selected, 1 program must be selected. However, if there are 2 programs available, both options cannot be selected. A selection must be made for "All crops for all years in all states and counties" or "Crop, State, County and Year". If "Crop, State, County and Year" is selected, more than 1 crop, State, county, and year may be entered.

At least 1 transaction must be selected if a program is selected. More than 1 transaction may be selected. However, if "all actions" is selected, no other transaction may be selected except "other". A free form data entry must be entered if "other" is selected as a transaction.

After selection of programs and transactions, user must CLICK "Continue" to return to the Record FSA Power of Attorney Screen.--\*

### Par. 767

# \*--767 Insured Crops and Transactions (Continued)

## **B** Insured Crops and Transactions Screen

The following is an example of the Insured Crops and Transactions Screen.

United States Departme Farm Service				Fiduciary	v
		-	in and the second second second	and a state of the	
Home Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduciary LogOut
Fiduciary Menu Welcome: Bobbie	<u>Fiduciary</u> > <b>Insure</b>	d Crops and Trar	nsactions		
Butler	Insured Cr	ops and Tr	ansaction	s	
User Role: FSA					
Fiduciary	Insured Crops				
Relationships	Program				
Record Deceased	All crops for or	or all years in a	II states and c	ounties	
Record Conservatorship	🔘 Crop, State	e, County and `	Year		
Record Guardianship	Crop:				
	Crop Year:				
Record FSA Power of Attorney	Crop State	:	Mississippi	~	
	Crop Count	ty:	Adams	*	
Record Non-FSA Power of Attorney					
Record Spousal Signature Authority	Transactions fo	r Insured Crops	5		
Search Fiduciary	Transactions				
Relationships	📃 All actions				
	🔲 Making applic	ations for insur	ance		
Update Fiduciary Relationships	Making contr	act changes			
	🔲 Reporting cro	op acreage and (	production repo	orts	
Fiduciary Relationships Report	🔲 Reporting a r	notice of damage	e or loss and m	aking claim fo	or indemnity
Керогс	🔲 Making trans	fers and cancell	ations		
	🔲 Other (Speci				
	Explanation for C	rop Transaction	"Other"		
			<u>^</u>		
			~		
	Q-stimus				
	Continue				

#### \*--768 Recording Non-FSA Power of Attorney

#### A Overview

The "Record Non-FSA Power of Attorney" option shall be used to record signature authority granted through a document that OGC must review. Grantor, attorney-in-fact, limitations selection, recording State and County Office, effective date, and OGC review date must be entered to record a non-FSA power of attorney.

#### **B** Record Non-FSA Power of Attorney Screen

The following is an example of the Record Non-FSA Power of Attorney Screen.

United States Departm				Fiduciary	1	
		-		and the second second		
Home Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduciary Log(	Out
Fiduciary Menu Welcome: Bobbie Butler User Role: FSA	Fiduciary > Record	1 Non-FSA Power 1-FSA Powel		ey		
	Grantor					
Fiduciary Delationships	Name		Tax Id			
Relationships	Select Grantor					
Record Deceased						
Record Conservatorship						
Present Consultantia	Attorney-In-Fa Name	ct	Tax Id			
Record Guardianship	Select Attorney-In-F	Fact	Tax Iu			
Record FSA Power of Attorney						
Record Non-FSA Power of Attorney	Limitations					
Record Spousal Signature Authority			~			
Search Fiduciary Relationships						
Update Fiduciary	Recording Office					
Relationships	Recording Office State	3				
Fiduciary Relationships	Mississippi	~				
Report	Service Center					
				1		
	CLARKSDALE SI	ERVICE CENTER	•			
	Effective Date					
		ta			m/dd/yyyy	
	OGC Review Dat				m/dd/yyyy	
	Revoked/Cance			🔤 mr	m/dd/yyyy	
	Reason for Revo	ocation/Cancel	lation		~	
	Explanation for	Reason "Other'	•		~	
					¥	
						_
	Preview C	ompleted POA				
						;

# **C** Options

The following options are available on the Record Non-FSA Power of Attorney Screen.

Option	Description	Action
Grantor - Select	Allows users to select the grantor.	CLICK "Select Grantor"
Grantor	Select grantor by searching by producer	and the USDA SCIMS
	type, name, tax ID, or other.	Customer Search Page
		will be displayed.
Attorney-In-Fact -	Allows users to select the	CLICK "Select
Select Attorney-in-	attorney-in-fact. Select attorney-in-fact	Attorney-in-Fact" and
Fact	by searching by producer type, name, tax	the USDA SCIMS
	ID, or other.	Customer Search Page
		will be displayed.
Limitations	Allows users to indicate limitations of	Enter the limitations, if
	non-FSA power of attorney, if	applicable, in the free
	applicable.	form data entry box.
Recording Office -	Drop-down menu allows users to select	Select the State and
State and Service	the State and Service Center that is	Service Center of the
Center	recording the non-FSA power of	recording office.
	attorney.	
Effective Date	Notes: The State and Service Center is defaulted according to the user's eAuthentication ID.The recording office is the Service Center that has the original non-FSA power of attorney on file.Allows users to enter the date the	Enter the effective date.
	non-FSA power of attorney became effective.	The effective date must be entered in "mm/dd/yyyy" format or click on the calendar to select date.
OGC Review Date	Allows users to enter the date the	Enter the OGC review
	non-FSA power of attorney was	date. The OGC review
	reviewed by OGC.	date must be entered in
		"mm/dd/yyyy" format or
		click on the calendar to
		select date.

# C Options (Continued)

Option	Description	Action
Revoked/Cancelled Date	Allows users to enter the revocation/cancellation date of the non-FSA power of attorney.	Enter the revocation/cancellation date. The revocation/cancellation
	Note: Once a record has been submitted, the user will access the record through the "Update Fiduciary Relationships" option to record a revoked/cancelled date.	date must be entered in "mm/dd/yyyy" format or click on the calendar to select date. See paragraph 771.
Reason for Revocation/Cancellation	Allows users to enter the reason for the revocation/cancellation of the non-FSA power of attorney.	Select the reason for the revocation/cancellation. If "other" is selected, a free form entry of the
	Note: Once a record has been submitted, the user will access the record through the "Update Fiduciary Relationships" option to record a revoked/cancelled reason.	explanation must be entered. See paragraph 771.
Explanation for Reason "Other"	Allows users to enter an explanation for Reason "Other".	Enter an explanation for Reason "Other". Do <b>not</b> enter any PII data. This entry is <b>required</b> if Reason "Other" is selected.
Preview Completed POA	Allows user to preview the power of attorney information entered before submission.	CLICK "Preview Completed POA" to view information previously entered.

#### D Record Non-FSA Power of Attorney Preview Screen

The Record Non-FSA Power of Attorney Preview Screen shall be used to verify data entered before submitting record. To change data displayed that is incorrect or incomplete, users must CLICK "Revise". All data should be verified as complete and accurate before clicking "Submit Power of Attorney" to continue.

The following is an example of the Record Non-FSA Power of Attorney Preview Screen.

USDA United States Departm	-			Fiduciary	/	~	
en en Business	Combined	Payment	Recording	Subsidiary			
lome Eligibility File	Producers	Limitations	County	Print	Report	s Fiduciar	yLogOu
Fiduciary Menu Welcome: Bobbie Butler	Fiduciary > Record				view		
User Role: FSA				-			
	Grantor						
	Name	Tax ID Addr	ess	City	State		
Fiduciary Delationships	DALTON BLAKE	0006 S 1215	цет	JANSEN	MS	Code 38632	Device
Relationships	DALTON BLAKE	0000 5 1215	ны	JANSEN	MB	38032	<u>Revise</u>
Record Deceased							
Record Conservatorship							
	Attorney-In-Fa	ct					
Record Guardianship	Name	Tax ID Addr	ess	City	State		
Record FSA Power of	ALEX BOSTON	0006 S PO B	07.44	HICKORY	MS	Code 38633	
Attorney	ALEA BOSTON	0000 5 PO B	07 44	FLAT	1913	30033	<u>Revise</u>
Record Non-FSA Power							
of Attorney							
Record Spousal	Limitations						
Signature Authority	<u>Revise</u>						
Search Fiduciary							
Relationships							
Update Fiduciary	Recording Office	9					
Relationships	State		Service Ce		1750		Device
Fiduciary Relationships	Mississippi		CLARKSDAL	E SERVICE CEN	NIER		<u>Revise</u>
Report							
	Effective Date		06/0	02/2007			<u>Revise</u>
	OGC Review Da	te	06/3	30/2009			<u>Revise</u>
	Revoked/Cance	elled Date					
	Reason for Revo		llation				
		-					
	Explanation for	keason "Uthei	Ē				
	Culorite						
	Submit Pc	wer of Attorney					

#### D Record Non-FSA Power of Attorney Preview Screen (Continued)

To change data displayed on the Record Non-FSA Power of Attorney Preview Screen, CLICK "Revise" to return to the Record Non-FSA Power of Attorney Screen. Make changes according to subparagraph 768 C. CLICK "Submit" and the Submit Non-FSA Power of Attorney Screen will be displayed.

#### E Submit Non-FSA Power of Attorney Screen

The Submit Non-FSA Power of Attorney Screen will allow users to confirm all data is complete and accurate before submitting the record. If all the data is complete and accurate, CLICK "Yes" to complete the recording of the non-FSA power of attorney. The Fiduciary Relationships Report Screen will be displayed indicating the power of attorney has been recorded. If the data is not complete and accurate, CLICK "No" to return to the Non-FSA Power of Attorney Preview Screen.

The following is an example of the Submit Non-FSA Power of Attorney Screen.

United States Department of Agriculture FSA - Farm Service Agency	Fiduciary System				
Submit Non-FSA Power of Attorney					
Is all the data displayed complete and accurate?					
Power Of Attorney data can not be modified after it is submitted to the Fiduciary Relationship database!					
Yes No					

#### **F** Fiduciary Relationships Report Screen

The Fiduciary Relationships Report Screen:

- will be displayed after users CLICK "Yes" on the Submit Non-FSA Power of Attorney Screen
- indicates the non-FSA power of attorney has been recorded.

To view the details of the record, CLICK "Non FSA Power of Attorney". CLICK "Return" and the Fiduciary Relationships Home Screen will be displayed.

The following is an example of the Fiduciary Relationships Report Screen indicating the non-FSA power of attorney has been recorded.

Home       Eligibility       Business File       Combined Producers       Payment Limitations       Recording County       Subsidiary Print       Reports       Fiduciary Log         Fiduciary Menu       Fiduciary Relationships Report       Fiduciary Relationships Report       Fiduciary Relationships Report         Velcome:       Bobbie Butler       Select a relationship to view detail       Select a relationship to view detail         Search Results for:       LISA S PINKERTON	United States Department	5				Fiduciary	,		
Home Eligibility       File       Producers       Limitations       County       Print       Reports       Fiduciary       Log         Fiduciary Menu       Fiduciary Relationships Report       Fiduciary Relationships Report       Fiduciary Relationships Report         Welcome: Bobbie       Fiduciary Relationships Report       Select a relationship to view detail         User Role: FSA       Select a relationship to view detail			-		ine si fiang	a la compañía de la c	Marine 17		
Fiduciary Menu         Welcome: Bobbie         Butler         User Role: FSA    Fiduciary Relationships Report Select a relationship to view detail	o Eligibility						Reports Fid	luciary Log	gOut
Welcome: Bobbie       Fiduciary Relationships Report         Butler       Select a relationship to view detail	duciary Menu	Fiduciary > Fidu	ciary Relations	ships Report					
User Role: FSA Select a relationship to view detail	elcome: Bobbie	Fiduciary	Relations	hips Repo	ort				
Search Results for: LISA S PINKERTON		Select a relationship to view detail							
		Search Results for: LISA S PINKERTON							
Fiduciary Relationships		Туре	Principal	Agent		Cancel			ons
Non FSA Power of Attorney         LISA S PINKERTON PO BOX 102         ANN B PATTON 234 W 11TH         06/02/2009         Coahoma, MS         N			PINKERTON PO BOX 102	PATTON 234 W 11TH	06/02/2009			N	
Record Conservatorship ANGUA, MS ST 12000 CHICAWAG, IL 60648				CHICAWAG, IL					
Record Parent/Guardian									
Record FSA Power of Attorney		Return							
Record Non-FSA Power	cord Non-FSA Power Attorney							<u>Back to To</u>	<u>*</u>

#### G Non-FSA Power of Attorney Detail Screen

The Non-FSA Power of Attorney Detail Screen will be displayed with the details of the record selected on the Fiduciary Relationships Report Screen. Data can no longer be revised or deleted since the non-FSA power of attorney has been recorded. CLICK "Return" and the Fiduciary Relationships Home Screen will be displayed.

The following is an example of the Non-FSA Power of Attorney Detail Screen.

United States Depar Farm Servio	-			Fiduciary	,	
		-		and the second second		
me Eligibility Busines File	ss Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduci	ary LogOu
Fiduciary Menu	Fiduciary > Non-F	SA Power of A	Attorney Detail			
Velcome: Bobbie Jutler	Non-FSA P	ower of A	Attornev De	tail		
Jser Role: FSA			í		8	Printer Friendly
	Grantor					
Fiduciary Relationships	Name	Tax ID	Address	City	State	e Zip Code
Record Deceased	DALTON BLAKE	0006 S	1215 H ST	JANSEN	MS	38632
ecord Conservatorshi	p					
ecord Guardianship	Attorney-In-Fa	ct				
lecord FSA Power of	Name	Tax ID	Address	City	State	e Zip Code
ttorney	ALEX BOSTON	0006 S	PO BOX 44	HICKORY	FLAT MS	38633
Record Non-FSA Powe of Attorney	r					
Record Spousal Signature Authority	Limitations No Limitations					
Search Fiduciary Relationships						
Jpdate Fiduciary	Recording Offic	e				
Relationships	State		vice Center			
iduciary Relationships Report	5 Mississippi	CLA	RKSDALE SERVIC	E CENTER		
			0.5 /0.5 /5			
	Effective Date OGC Review Da	to	06/02/2			
	Revoked/Cance		06/30/2	009		
	Reason for Revocation/Ca	ncellation	hor"			
	Explanation for	keason "Oti	ner			

### 769 Recording Spousal Signature Authority

#### A Overview

The "Record Spousal Signature Authority" option shall be used to record spouses without signature authority for each other.

#### **B** Record Spousal Signature Authority Screen

\*--To record spouses denied signature authority according to paragraph 707, CLICK "Record Spousal Signature Authority" on the Fiduciary Relationship Menu. The following is an example of Record Spousal Signature Authority Screen before any selections have been made.

United States Departm		Fiducia	ry
0.0.00	in the second		
		In Contraction of Frances of Stationers	
ome Eligibility Business File	Combined Payment Producers Limitations	Recording Subsidiary County Print	Reports Fiduciary LogOu
Fiduciary Menu Welcome: Bobbie	<u>Fiduciary</u> > Record Spousal Signate	ire Authority	
Welcome: Bobbie Butler	Record Spousal Signa	ture Authority	
User Role: FSA	nooora epouoar eigna	aronationty	
iduciary	Principal Name	Tax Id	
Relationships	Select Principal	1ax 10	
Record Deceased			
tecord Conservatorship	Signature Authority O Partner has signing authority	,	
Record Guardianship	<ul> <li>Partner does not have signing</li> </ul>		
	Revocation Date	0.4	
Record FSA Power of Attorney	(mm/dd/yyyy)(mmddyyyy)(mmddyy)		
Record Non-FSA Power of Attorney			
of Attorney			
Record Spousal Signature Authority	Principal/Spouse Name	Tax Id	
	Select Principal/Spouse	197.10	I
Gearch Fiduciary Relationships			
Jpdate Fiduciary Relationships	Signature Authority O Partner has signing authority	,	
	Partner does not have signing		
iduciary Relationships Report	Revocation Date	<b>•</b>	
Report	(mm/dd/yyyy)(mmddyyyy)(mmddyy)		
	Stipulations Do not enter any text if there are no st	tipulations.	
	Recording Office		
	State		
	Mississippi   Service Center		
	CLARKSDALE SERVICE CENTER	· · ·	
	Revoked/Cancelled Date	(mm/dd/yyyy)(mmddy	yyy)(mmddyy)
	Reason for Revocation/Cance	llation	~
	Explanation for Reason "Other		~
	-		
			>
	Preview Completed	Spousal Signature Author	
	Preview Completed	Spousal Signature Author	ity Back to Top ^

# \*--769 Recording Spousal Signature Authority (Continued)

# **C** Options

The following options are available on the Record Spousal Signature Authority Screen.

Option	Description	Action
Principal - Select	Allows users to select principal.	CLICK "Select Principal"
Principal		and the USDA SCIMS
		Customer Search Page will
		be displayed. Select
		principal by searching by
		type, name, tax ID, or other.
Principal/Spouse – Select	Allows users to select	CLICK "Select
Principal/Spouse	principal/spouse.	Principal/Spouse" and the
		USDA SCIMS Customer
		Search Page will be
		displayed. Select
		principal/spouse by
		searching by producer type,
Desculing Office State		name, tax ID, or other.
Recording Office – State and Service Center	Drop-down menu allows users to select State and Service Center	Select the State and Service
and Service Center		Center of the recording office.
	that is recording the spousal signature authority.	onnee.
	signature authority.	
	<b>Note:</b> The State and Service	
	Center is defaulted	
	according to the user's	
	eAuthentication ID.	
Stipulations	Allows users to indicate	Enter the stipulations, if
I I I I I I I I I I I I I I I I I I I	stipulations of spousal signature	applicable, in the free form
	authority, if applicable.	data entry box.
Revoked/Cancelled Date	Allows users to enter the	Enter the
	revocation/cancellation date of	revocation/cancellation date.
	the spousal signature authority.	The revocation/cancellation
		date must be entered in
	Note: Once a record has been	"mm/dd/yyyy" format or
	submitted, the user will	click on the calendar to
	access the record through	select date. See
	the "Update Fiduciary	paragraph 771.
	Relationships" option to	
	record a	
	revoked/cancelled date.	

# \*--769 Recording Spousal Signature Authority (Continued)

# C Options (Continued)

Option	Description	Action
Reason for	Allows users to enter the reason	Select the reason for the
Revocation/Cancellation	for the revocation/cancellation of	revocation/cancellation. If
	the spousal signature authority.	"other" is selected, a free
	Note: Once a record has been submitted, the user will access the record through the "Update Fiduciary	form entry of the explanation must be entered. See paragraph 771.
	Relationships" option to record a	
	revoked/cancelled reason.	
Explanation for Reason	Allows users to enter an	Enter an explanation for
"Other"	explanation for Reason "Other".	Reason "Other". Do not
		enter any PII data. This
		entry is required if Reason
		"Other" is selected.
Preview Completed	Allows users to view name, last 4	CLICK "Preview
Spousal Signature	of TIN, address, stipulations,	Completed Spousal
Authority	recording State and Service	Signature Authority" to
	Center, and effective date.	view and verify data before submitting the record.

#### \*--770 Searching Fiduciary Relationships

#### A Overview

To search for a specific power of attorney, CLICK "Search Fiduciary Relationships" on the Fiduciary Relationships Home Screen. A search may be completed by selecting a principal, agent, or principal and agent. The search will be processed against all fiduciary relationships or the specific type selected. The search will also be completed for "active", "inactive", or "all" according to status selected.

#### **B** Search Fiduciary Relationships Screen

The following is an example of the Search Fiduciary Relationships Screen.

United States Departm	-			Fiduciary	
		-	i and the set	and a state of the	
Home Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduciary LogOut
Fiduciary Menu Welcome: Bobbie	Fiduciary > Search	Fiduciary Relat	ionships		
Butler	Search Fid	uciary Relat	tionships		
User Role: FSA					
	Principal Name		Tax Id		
Fiduciary Relationships	Select Principal				
Record Deceased	taant				
Record Conservatorship	Aqent Name		Tax Id		
Record Guardianship	Select Agent				
Record FSA Power of Attorney	Which search w	•	o see?		
Record Non-FSA Power of Attorney	<ul> <li>Deceased</li> <li>Guardianship</li> <li>Power of Atto</li> </ul>	omev			
Record Spousal Signature Authority	<ul> <li>Spousal Signa</li> <li>All Fiduciary F</li> </ul>	ature Authority			
Search Fiduciary Relationships	Status Active				
Update Fiduciary Relationships	○ Inactive ○ All				
Fiduciary Relationships Report	Search				
					Back to Top ^
FOIA   Accessibility Sta		ome   <u>FSA Internet</u>   Non-Discriminati			tv   FirstGov   White House

# **C** Options

The following options are available on the Search Fiduciary Relationships Screen

Option	Description	Action
Principal -	Allows users to search for	CLICK "Select Principal" and the
Select Principal	fiduciary relationships	USDA SCIMS Customer Search Page
	associated with a specific	will be displayed. Select
	principal/grantor.	principal/grantor by searching by
		producer type, name, tax ID, or other.
Agent - Select	Allows users to search for	CLICK "Select Agent" and the USDA
Agent	fiduciary relationships	SCIMS Customer Search Page will be
	associated with a specific	displayed. Select agent/attorney-in-fact
	agent/attorney-in-fact.	by searching by producer type, name,
		tax ID, or other.
Which search	Allows users to select the	Select 1 of the following:
would you like	type of fiduciary	
to see?	relationships to search.	<ul> <li>"Conservatorship"</li> </ul>
		• "Deceased"
		<ul> <li>"Guardianship"</li> </ul>
		• "Power Of Attorney"
		"Spousal Signature Authority"
		• "All Fiduciary Relationships".
		<b>Note:</b> Power of attorney includes both
		FSA and non-FSA power of
		attorney records.
Status	Allows users to select the	Select 1 of the following:
	status of the relationships to	, , , , , , , , , , , , , , , , , , ,
	search.	• "Active"
		• "Inactive"
		• "All".
Search	Performs search based on	CLICK "Search" to perform a search.
	selections.	

### **D** Search Fiduciary Relationships Screen

The following is an example of the Search Fiduciary Relationships Screen with an agent selected. CLICK:

- "Search" to view results of search
- "Delete" to delete the agent selected.

United States Departm	5			Fiduciary	
				and the second second	
Home Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduciary LogOut
Fiduciary Menu Welcome: Bobbie	<u>Fiduciary</u> > <b>Search</b>	Fiduciary Relati	onships		
Butler User Role: FSA	Search Fidu	iciary Relat	ionships		
	Principal Name		Tax Id		
Fiduciary Relationships	Select Principal		Taxia		
Record Deceased	Agent				
Record Conservatorship	Name		Tax Id		
Record Guardianship	KATIE BUXTER		0005 S	<u>Delete</u>	
Record FSA Power of Attorney	Which search we	•	o see?		
Record Non-FSA Power of Attorney	<ul> <li>Deceased</li> <li>Guardianship</li> <li>Power of Atto</li> </ul>	mov			
Record Spousal Signature Authority	<ul> <li>Spousal Signa</li> <li>All Fiduciary R</li> </ul>	ture Authority			
Search Fiduciary Relationships	Status <ul> <li>Active</li> </ul>				
Update Fiduciary Relationships	<ul> <li>Inactive</li> <li>All</li> </ul>				
Fiduciary Relationships Report	Search				
					<u>Back to Top ^</u>
.   FOIA   Accessibility Sta		me   <u>FSA Internet</u>   Non-Discrimination			tv   FirstGov   White House

### **E** Fiduciary Relationships Report Screen

The following is an example of the Fiduciary Relationships Report Screen displaying the active power of attorney search results for agent Katie Buxter. CLICK:

- "FSA-211" to view detail of the fiduciary relationship
- "Return" and the Search Fiduciary Relationships Screen will be displayed.

USDA	United States Department of Agriculture Farm Service Agency					Fiduciary			
					and the second				
ome Eligibility Busir Fil			ayment nitations	Recording County	Subsidi Prin		duciary LogO		
Fiduciary Menu	<u>Fiduciary</u>	> Fiduciary I	Relationships	Report					
Welcome: Bobbie Butler	Fiducia	Fiduciary Relationships Report							
User Role: FSA	Select a re	Select a relationship to view detail							
		Search Results for: Agent: KATIE BUXTER							
Fiduciary	Agenti KA	HE BOATER							
Relationships	Туре	Principal	Agent	Effective Date		Recording Office	Stipulations / Limitations		
Record Deceased	FSA 211	DAC INC	KATIE	01/13/2010		CLARKSDALE	n/a		
Record Conservators	ship	401 MAYO STREET CARTER,	BUXTER 1215 H STREET			SERVICE CENTER, Mississippi			
Record Guardianship		MS 38103	FAIRBERRY, MS 38203						
Record FSA Power o Attorney	f								
Record Non-FSA Pov	ver Return								

### F FSA Power of Attorney Detail Screen

The following is an example of the FSA Power of Attorney Detail Screen displayed when "FSA-211" is selected on the Fiduciary Relationships Report Screen. CLICK "Return" and the Fiduciary Relationships Report Screen will be displayed.

JUA	States Department m Service				Fiduciary	/	
	1		-	i de serveren an a	and the second second	ingen (A)	
ne Eligibility	Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduc	iary LogOu
iduciary M 'elcome: Bob		<u>Fiduciary</u> > FSA	Power of Attor	ney Detail			
utler	, Die	FSA Power	of Attorne	v Detail			
ser Role: FS	A			, 			
							Printer Friendly
		Grantor					
duciary		Name	Address		City	State	Zip Code
lationship	s	DAC INC	401 MAYO :	STREET	CARTER	MS	38103
cord Decea	sed	5110 1110	102100110		onneitzie		00100
cord Conse	rvatorship	Attornou_in_Ea	ct.				
		Attorney-in-Fa Name	Address		City	State	Zip
cord Guard	lansnip	Nume	maarooo		,	01010	Code
cord FSA P	ower of	KATIE BUXTER	1215 H STR	EET	FAIRBERRY	MS	38203
torney							
cord Non-F	SA Power						
Attorney		Required Signat					
cord Spous		Name		nature Date		nessed or Nota	arized
	hority	ALEX BOSTON		13/2010	FSA Witn		
arch Fiducia	ary	CLARA SMITH		13/2010	FSA Witn		
lationships		DALTON BLAKE	01/	13/2010	Notarized		
odate Fiduci	ary						
elationships		FSA, NRCS and	CCC Brogram	c			
duciary Rela	ntionships	Program	ooorrogram	-	Transact	ion:	
eport		All current and a	all future progr	ams	• All act		
		Insured Crops					
		Program			Transac	tion	
		Recording Offic					
		Recording Offic State	Service Ce	nter			
		Mississippi		E SERVICE CENT	FD		
		Effective Date		01,	/13/2010		
		Revoked/Cance Reason for Reve Explanation for	ocation/Canc				
		Return					

### \*--771 Updating Fiduciary Relationships

#### A Overview

The "Update Fiduciary Relationships" option shall be used to update a record. To access the record, a search may be completed by selecting a principal, agent, or principal and agent. The search may be processed against all fiduciary relationships or the specific type selected. The search may also be completed for "active", "inactive", or "all" according to status selected. Clicking "Search" on the Update Fiduciary Relationships Screen will display the Fiduciary Relationships Report indicating all records matching the search criteria. Access the record by clicking on the type of relationship associated with the name on record to update.

#### **B** Update Fiduciary Relationships Screen

The following is an example of the Update Fiduciary Relationships Screen.

United States Department	-		Fiduciary	v	
			(i <u>Shaniyana</u> alƙ	and a state of the state	
lome Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduciary LogOu
Fiduciary Menu Welcome: Bobbie	<u>Fiduciary</u> > <b>Update</b>	e Fiduciary Relat	ionships		
Butler User Role: FSA	Update Fid	uciary Relat	tionships		
USEL KUIE, FOA	Principal				
Fiduciary Relationships	Name Select Principal		Tax Id		
Record Deceased	••				
Record Conservatorship	Aqent Name		Tax Id		
Record Guardianship	Select Agent				
Record FSA Power of Attorney	Which search v	•	o see?		
Record Non-FSA Power of Attorney	<ul> <li>Deceased</li> <li>Guardianship</li> <li>Power of Att</li> </ul>	orboy			
Record Spousal Signature Authority	<ul> <li>Power of Att</li> <li>Spousal Sign</li> <li>All Fiduciary</li> </ul>	ature Authority			
Search Fiduciary Relationships	Status <ul> <li>Active</li> </ul>				
Update Fiducia <b>ry</b> Relationships	<ul> <li>Inactive</li> <li>All</li> </ul>				
Fiduciary Relationships Report	Search				
					Back to Top 1
FOIA   Accessibility Sta		ome   <u>FSA Interne</u>			ity   FirstGov   White House

# **C** Options

The following options are available on the Update Fiduciary Relationships Screen.

Option	Description	Action
Principal -	Allows users to search for	CLICK "Select Principal" and the
Select	fiduciary relationships associated	USDA SCIMS Customer Search Page
Principal	with a specific principal/grantor	will be displayed. Select principal by
	to update.	searching by producer type, name, tax
		ID, or other.
Agent -	Allows users to search for	CLICK "Select Agent" and the USDA
Select	fiduciary relationships associated	SCIMS Customer Search Page will be
Agent	with a specific agent/attorney-in-	displayed. Select agent by searching by
	fact to update.	producer type, name, tax ID, or other.
Which	Allows users to select the type of	Select 1 of the following:
search	fiduciary relationships to search	
would you	for record to update.	• "Conservatorship"
like to see?		• "Deceased"
		• "Guardianship"
		• "Power Of Attorney"
		• "Spousal Signature Authority"
		• "All Fiduciary Relationships".
		<b>Note:</b> Power of attorney includes both FSA and non-FSA power of attorney records.
Status	Allows users to select the status	Select 1 of the following:
	of the relationships to search to	
	update.	• "Active"
		• "Inactive"
		• "All".
Search	Performs search based on	CLICK "Search" for search to be
	selections.	performed.

### D Update Fiduciary Relationships Screen

The following is an example of the Update Fiduciary Relationships Screen with a principal selected. CLICK:

- "Search" to view results of search
- "Delete" to delete the principal selected.

United States Department of Agriculture Farm Service Agency			Fiduciary				
		-		and a state of the second			
Home Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduciary LogOut		
Fiduciary Menu Welcome: Bobbie	<u>Fiduciary</u> > <b>Update</b>	Fiduciary Relati	onships				
Butler User Role: FSA	Update Fidu	iciary Relat	ionships				
	Principal Name		Tax Id				
Fiduciary Relationships	SEAN SIMONS		N	<u>Delete</u>			
Record Deceased							
Record Conservatorship	Agent Name		Tax Id				
Record Guardianship	Select Agent						
Record FSA Power of Attorney	Which search w	•	o see?				
Record Non-FSA Power of Attorney	<ul> <li>Deceased</li> <li>Guardianship</li> </ul>						
Record Spousal Signature Authority	<ul> <li>Power of Atto</li> <li>Spousal Signa</li> <li>All Fiduciary R</li> </ul>	ture Authority					
Search Fiduciary Relationships	Status Octive						
Update Fiduciary Relationships	○ Inactive ○ All						
Fiduciary Relationships Report	Search						
					<u>Back to Top ^</u>		
FOIA   Accessibility Stat		ime   <u>FSA Internet</u>   Non-Discrimination			ty   FirstGov   White House		

### **E** Fiduciary Relationships Report Screen

The following is an example of the Fiduciary Relationships Report Screen displaying the active power of attorney results for principal Sean Simons.

United States Department of Agriculture Farm Service Agency					Fiduciary					
			-		NAME OF BRIDE	SEL CON	Name of Street	à m		
omo Eligibility	siness File	Combined Producers	Payment Limitation			ubsidiary Print	Reports Fidu	ıciary LogOı		
Fiduciary Menu       Fiduciary Relationships Report         Welcome: Bobbie       Fiduciary Relationships Report         Butler       Fiduciary Relationships Report         User Role: FSA       Fiduciary Relationships Report										
Fiduciary Relationships	s	Select a relationship to update detail Search Results for: Principal: SEAN SIMONS								
Record Deceased	T	уре	Principal	Agent	Effective Date	Revoke Cancel Date	Recording Office	Stipulations Limitations		
Record Conservato Record Guardianst Record FSA Power	1ip	iuardianship	SEAN SIMONS 6670 HILL RD PIERCE, MS 38416	LIZA SIMONS 1234 THIRD AVE CHADROCK, MS 38905	07/11/2002		CLARKSDALE SERVICE CENTER, Mississippi	N		
Attorney Record Non-FSA P of Attorney	ower	Return						Back to Top 1		

### F Update Non-FSA Power of Attorney Screen

The following is an example of the Update Non-FSA Power of Attorney Screen displayed when "Guardianship" is selected on Fiduciary Relationships Report Screen. CLICK "Return" and the Fiduciary Relationships Report Screen will be displayed.

United States Departme Farm Service	-					Fid	uciary			
		-	4			Lucis SV	1.1.1		7.h	
Home Eligibility Business File	Combined Producers		yment itations		ecording County	Subsid Prir		Reports	Fiduciary	LogOut
Fiduciary Menu Welcome: Bobbie	<u>Fiduciary</u> > Upda	ite Minc	or Child a	nd Pa	rent/Guard	ian				
Butler	Update Mir	or C	hild an	id Pa	arent/Gu	iardia	n			
User Role: FSA									Print	ter Friendly
Fiduciary	Minor Child		Тах							Zin
Relationships	Name		ID	Add	ress		City	3	State	Zip Code
Record Deceased	SEAN SIMONS		N	6670	) HILL RD		PIERO	E	MS	38416
Record Conservatorship										
Record Guardianship	Parent/Guardia									_
Record FSA Power of	Name	T. II	ax D		Address		Cit	ty	State	Zip Code
Attorney	LIZA SIMONS	0	002 S		1234 THIRI	D AVE	СН	IADROCK	MS	38905
Record Non-FSA Power of Attorney										
Record Spousal Signature Authority	<b>Stipulations</b> None specified									
Search Fiduciary Relationships	Recording Offic	••								
			e Center	•						
Update Fiduciary Relationships	Mississippi (	CLARKS	DALE SE	RVICE	CENTER					
Fiduciary Relationships										
Report	Effective Date				07/11/20	002				
	Revoked/Canc	elled D	)ate				0	mm/dd/y	ууу	
	Reason for Rev	ocatio	n/Cance	ellatio	on					~
	Explanation for	Reaso	on "Othe	r"					-	^
									1	~
	Return Sub	mit								
									Back	<u>to Top ^</u>

### F Update Minor Child and Parent/Guardian Screen (Continued)

To revoke a fiduciary relationship agreement, a revoked/cancelled date and reason must be entered for the agreement through the "Update Fiduciary Relationships" option. The following options are available on the Update Minor Child and Parent/Guardian Screen.

Note: These options are also available on the Minor Child and Parent/Guardian Screen.

Option	Description	Action
Revoked/Cancelled Date	Allows users to enter date fiduciary agreement was revoked or cancelled.	Enter date agreement was revoked or cancelled. The revoked/cancelled date must be entered as "mm/dd/yyyy" or click on the calendar to select date.
Reason for Revocation/Cancellation	<ul> <li>Allows users to enter reason fiduciary agreement was revoked or cancelled.</li> <li>Drop down menu allows user to select 1 of the following reasons:</li> <li>"Revocation date specified by court order"</li> <li>"Revoked by court order"</li> <li>"Minor child turns 18"</li> <li>"Service Center Error"</li> <li>"Other".</li> <li>Note: If "Other" is selected, an explanation must be provided in</li> </ul>	Select reason for revocation or cancellation of the agreement.
Return	free form data entry box. Allows users to return to the Fiduciary Relationships Screen.	CLICK "Return" to return to the Fiduciary Relationships Report Screen.
Submit	Allows user to submit record.	CLICK "Submit" to record revoked/cancelled date and reason.

IF updating the following	THEN from the drop down menu user selects 1 of the	
relationship	following reasons	
conservatorship	Revocation specified by court order	
	• Revoked by court order	
	Service Center Error	
	• Other	
deceased	Service Center Error	
	• Other	
guardianship	Revocation specified by court order	
	• Revoked by court order	
	Minor Child turns 18	
	Service Center Error	
	• Other	
power of attorney	Revocation date specified by grantor	
	• Revoked by grantor	
Note: Includes FSA-211 and	Service Center Error	
non-FSA power of attorney.	• Other	
spousal signature authority	Divorce	
	Legally separated	
	<ul> <li>Union dissolved by court order</li> </ul>	
	Service Center Error	
	Other	
	*	

# **G** Update Reason for Revocation/Cancellation

#### \*--772 Fiduciary Relationships Reports

#### A Overview

The "Fiduciary Relationships Report" option allows users the ability to create, view, and print reports. The Fiduciary Relationships Report Screen allows the selection of all fiduciary relationships or specific relationships, status of active, inactive, or both. The type of report is defaulted to "Default Report".

The Default Report displays the following information for:

- conservatorship records:
  - incompetent name and last 4 of TIN
  - conservator name and last 4 of TIN
  - effective date
  - revoked date
  - recording office
  - stipulations
- death notification records:
  - deceased producer's name and last 4 of TIN
  - date of death
  - revoked date
  - documentation (if entered in free form box)
  - recording office
  - FSA-325 indicator
- FSA power of attorney records:
  - grantor name and last 4 of TIN
  - attorney(s)-in-fact name and last 4 of TIN
  - effective date
  - signature date
  - revoked date
  - recording office
  - FSA, NRCS, and CCC programs
  - insured crops--\*

#### \*--772 Fiduciary Relationships Reports

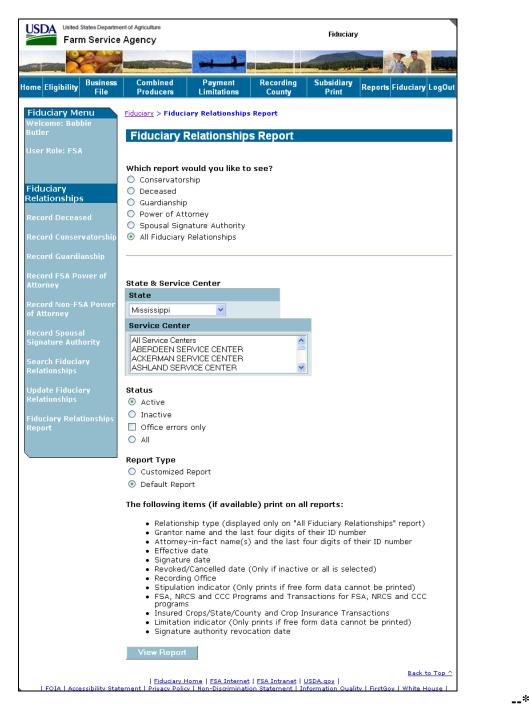
### A Overview (Continued)

- guardianship records:
  - minor child and last 4 of TIN
  - parent/guardian and last 4 of TIN
  - effective date
  - revoked date
  - recording office
  - stipulations
- non-FSA power of attorney records:
  - grantor name and last 4 of TIN
  - attorney(s)-in-fact name and last 4 of TIN
  - effective date
  - OGC review date
  - revoked date
  - recording office
  - limitations indicator
- spousal signature authority records:
  - principal name and last 4 of TIN
  - principal/spouse name and last 4 of TIN
  - revoked date
  - recording office
  - stipulations
  - signing authority indicators
  - date authorization revoked.--\*

#### \*--772 Fiduciary Relationships Reports (Continued)

#### **B** Fiduciary Relationships Reports Screen

The following is an example of the Fiduciary Relationships Reports Screen indicating the following options "All Fiduciary Relationships", "Active", and "Default Report" are defaulted settings.



## \*--772 Fiduciary Relationships Reports (Continued)

# **B** Fiduciary Relationships Reports Screen (Continued)

The following options are available on the Fiduciary Relationships Report Screen.

Option	Description	Action
Which report would you like to see?	Allows users to select the type of fiduciary relationships report to display. <b>Note:</b> The report, "All Fiduciary Relationships", is defaulted.	<ul> <li>Select 1 of the following:</li> <li>"Conservatorship"</li> <li>"Deceased"</li> <li>"Guardianship"</li> <li>"Power Of Attorney"</li> <li>"Spousal Signature Authority"</li> <li>"All Fiduciary Relationships".</li> </ul> Note: Power of Attorney includes both FSA and non-FSA power of attorney records.
State & County - State and Service Center	Drop-down menu allows users to select a specific State and Service Center's report. <b>Note:</b> The State and Service Center is defaulted according to the user's eAuthentication ID.	Select the State and Service Center for report to display. Note: The fiduciary relationships recorded in that Service Center will be displayed.
Status	<ul><li>Allows users to select the status of the relationships to display on the report.</li><li>Note: The status of "Active" is defaulted.</li></ul>	<ul> <li>Select 1 of the following:</li> <li>"Active"</li> <li>"Inactive"</li> <li>"Office errors only"</li> <li>"All".</li> </ul>
Report Type	<ul><li>Allows users to select the type of report to display.</li><li>Note: The report type of "Default" is defaulted.</li></ul>	<ul><li>Select 1 of the following:</li><li>"Customized Report"</li><li>"Default Report".</li></ul>
View Report	Allows users to view default report or continue if "Customized Report" is selected.	CLICK "View Report" to view a default report or continue to the Customize Fiduciary Relationships Report Screen.

## \*--772 Fiduciary Relationships Reports (Continued)

## C Fiduciary Relationships Default Report

The following is an example of the Fiduciary Relationships Report - Default Report Screen indicating all active power of attorney relationships, including both FSA and Non-FSA power of attorney records updated in the Fiduciary Relationships System. CLICK "Printer Friendly" to print report or "Return" to return to the Fiduciary Relationships Report Screen.

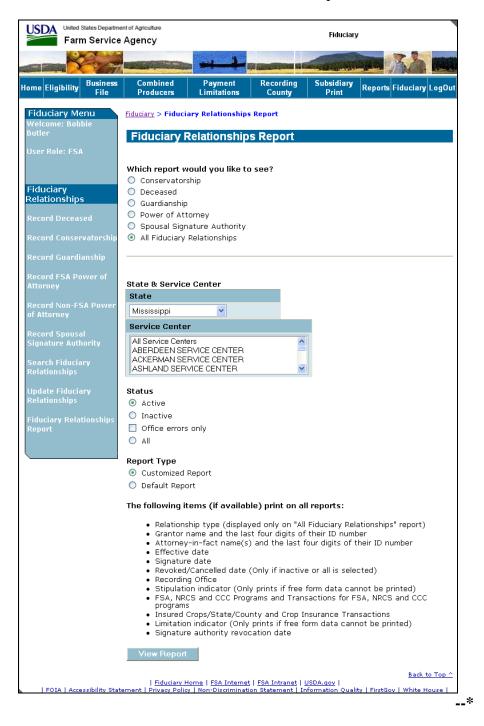
Farm Service	Agency				Fiduo	ciary			
		-			and series		A	à	
Eligibility Business File	Combined Producers	Payment Limitations		cording ounty	Subsidia Print	Repor	ts Fidu	ıciary	LogOi
luciary Menu Icome: Bobbie	<u>Fiduciary</u> > Fiducia	ry Relationshi	ps Repo	rt - Defa	ult Report				
ler	Fiduciary R	elationsh	ips R	eport	- Defa	ult Rep	ort		
er Role: FSA							é	Printer	Friendly
luciary	Displaying Activ	e Records: 1	- 9 of 9	)					
lationships	Conservatorship	3							
cord Deceased	Incompentent		Conserva	ntor(s)		Recordi Office	ng	Stip	lations
cord Conservatorship cord Guardianship	SUSIE REED 9999 S		BARBARA 0002 S	MCVAY		CLARKS SERVICE CENTER, Mississij			N
cord FSA Power of orney	Death Notificatio	on							
cord Non-FSA Power Attorney	Deceased			h Docume	ntation	Record Office			FSA 325
cord Spousal	ELIZA ALFORD 1111 S	11/1	6/2008	Death ce	ertificate	CLARK: CENTER	SDALE S R, Missi	SERVIC ssippi	EN
nature Authority arch Fiduciary	FSA Power of At	torney							
ationships	Grantor	Attorney(s) -in-fact	D	ffective ate	Signature Date	Recording Office	FSA NRC CCC		insured Crops
date Fiduciary ationships uciary Relationships	DAC INC 0001 E	KATIE BUXTER 0005 S	0:	1/13/2010	01/13/2010 01/13/2010 01/13/2010	SERVICE	curre and futu	all	
oort .	ARCHIE F COLLER 6222 S	ANNE L CLOUD 1111 S	0:	1/04/2010	01/04/2010	CLARKSDALI SERVICE CENTER, Mississippi	curre and futu	all	
	RITA SCHEELS 2222 S	SUSAN ROBINS 7777 S	ON 0:	1/15/2010	01/07/2009	CLARKSDALI SERVICE CENTER, Mississippi			all rops or all rears
	EVA HUBE 0001 S	JON PINKERTO 0001 S	N 0:	1/05/2010	01/04/2010		E Aver Crop Rev Elect Prog	rage o enue tion	
	Guardianship								
	Minor Child		Parent, Guardia			Reco	rding e	:	Stipul- ations
	SEAN SIMONS		LIZA SII 0002 S	MONS		CLAR SERVI Missis	KSDALE ICE CEN sippi	NTER,	N
	Non-FSA Power	of Attorney							
	Grantor	Attorney -in-fact	r(s)		Effective Date	OGC Review Date	Recor Office		Limit- ations
	DALTON BLAKE 0006 S	ALEX BOS 0006 S	TON	(	06/02/2007	06/30/2009	CLARI SERVI CENTE Missis	ER,	N
	Spousal Relatior	nship							
	Principal	Principa Spouse	I/		Recording Office	Stipula -tions	Sign Auth	Date Auth Revol	ced
	FLETCHER SPENCER 3333 S	RITA SC 2222 S	HEELS		CLARKSDAL SERVICE CENTER, Mississippi	.E N	Y/Y		

## \*--772 Fiduciary Relationships Reports (Continued)

#### **D** Customize Fiduciary Relationships Report

The "Customized Report" option on the Fiduciary Relationships Report Screen allows users the ability to create, view, and print customized reports. All items or specific items can be selected. The option also allows the report to be sorted by a specific item.

The following is an example of the Fiduciary Relationships Report Screen after user has selected an "Active" status and "Customized Report". CLICK "View Report" to continue.



## \*--772 Fiduciary Relationships Reports (Continued)

## D Customize Fiduciary Relationships Report (Continued)

The following is an example of the Customize Fiduciary Relationships Report Screen that will be displayed **after** user clicks "View Report" on Fiduciary Relationships Report Screen and **before** user selects information or sort priority.

Farm Servic	e Agency		Fiduciary	
No.			In the owner of the local division in	
Eligibility Business	Combined P Producers Lin	ayment Recor mitations Cou	ding Subsidiary nty Print	Reports Fiduciary Log0
luciary Menu	Fiduciary > Customize F		ing Frink	
come: Bobbie ler	Customize Fid			
r Role: FSA	customize Pid	luciary Relati	onsnips kepoi	
	Death Notification			
uciary	Select the information	n to be displayed on		
ationships	Deceased		Sort By O Deceased	
	Date of Death		🔘 Date of Death	
	Documentation FSA-325 Form			
ord Guardianship	Deserting Office		O Deserving Office	
	Record ESM Polyary of Attorney)	Select All   Clear /		
	of Attorney)	Conservatorship		
	Record Spousal	Select the informa	ation to be displayed	on the report
	Signature Authority	E lessenter		Sort By
	Search Fiduciary Relationships	<ul> <li>Incompetent</li> <li>Conservator(s)</li> </ul>	) )	<ul> <li>Incompetent</li> <li>Conservator(s)</li> </ul>
- 1	Indate Eiduciana	Stipulations		
	Relationships	Recording Offi Effective Date		<ul> <li>Recording Office</li> <li>Effective Date</li> </ul>
	Fiduciary Relationships			<ul> <li>Enective bate</li> </ul>
	Report	Select All   Clear /	All	
,		Guardianship		
		Select the information	ation to be displayed	on the report
		Minor Child		Sort By
D Parent/Guandi	an	FI Minde Chan	D Parter	
	Stipulations			
	Recording Office Effective Date		<ul> <li>Recording Office</li> <li>Effective Date</li> </ul>	,
	Select All   Clear All			
	Power of Attorney Select the information	n to be displayed or	the report	
			Sort By	
	Grantor		O Grantor	
	<ul> <li>Attorney(s)-in-fac</li> <li>Limitations</li> </ul>	ct	Attorney(s)-in-f	fact
	Contations Recording Office		O Recording Office	
	Effective Date		O Effective Date	
	OGC Review Date		OGC Review Dat Signature Date	e
	Signature Date	Witnessed	<ul> <li>Signature Date</li> <li>Notarized or FSI</li> </ul>	Witnessed
	FSA, NRCS and CO			
	Insured Crops			
	Select All   Clear All			
	Spousal Signature A Select the information	Authority	the report	
	Select the mormation	n to be unprayed of		
	Principal		Sort By O Principal	
	Principal's Signing	Authority		
	Principal/Spouse	Times to the second	O Principal/Spouse	
	Principal/Spouse's Stipulations	signing Authority		
	Recording Office		O Recording Office	
	Select All   Clear All			
	View Custom Re	port		

--\*

# D Customize Fiduciary Relationships Report (Continued)

The following is an example of a customized active power of attorney report indicating grantor, attorney-in-fact, and FSA, NRCS, and CCC programs sorted by attorney-in-fact. CLICK "Printer Friendly" to print report or "Return" to return to Fiduciary Relationships Report Screen.

United States Department	5			Fiduciary	,
		-		and the second second	
ome Eligibility Business File	Combined Producers	Payment Limitations	Recording County	Subsidiary Print	Reports Fiduciary Log0
Fiduciary Menu Welcome: Bobbie	<u>Fiduciary</u> > <b>Fiducia</b>	ary Relationship	s Report - Custo	m Report	
Butler	Fiduciary <b>R</b>	lelationshi	ips Report	- Custom	Report
User Role: FSA					Printer Friendly
Fiduciary Relationships	Displaying Activ	ve Records: 1 -	- 5 of 5		
Record Deceased	FSA Power of At	torney	_		
Record Conservatorship	Grantor		Attomey(s)-in-f	act	FSA NRCS CCC
Record Guardianship	DAC INC 0001 E		KATIE BUXTER 0005 S		All current and all future programs
Record FSA Power of	ARCHIE F COLLER 6222 S		ANNE L CLOUD 1111 S		All current and all future programs
Attorney	EVA HUBE 0001 S		JON PINKERTON 0001 S		Average Crop Revenu Election Program
Record Non-FSA Power	RITA SCHEELS 2222 S		SUSAN ROBINSO 7777 S	ч	
of Attorney Record Spousal	Non-FSA Power	of Attorney			
Signature Authority	Grantor			mey(s)-in-fact	
Search Fiduciary Relationships	DALTON BLAKE 0006 S		ALEX 0006	BOSTON S	
Kelationships					
Relationships Update Fiduciary Relationships	Return				

## 773-775 (Reserved)

# Part 26 Special Payment Provisions

	Section 1 Dead, Missing, or Incompetent Persons
776 Overview	
Α	
What Is Covered	County and State Offices shall use this section to determine whether survivors or representatives are entitled to receive payments earned by a producer who before receiving payments:
	• dies
	• disappears
	• is declared incompetent.
В	
What Is Not Covered	This section does not apply to succession-in-interest.

### A

DeceasedFollowing is the order of precedence of the representatives of a producer earningProducerpayment who has died:

- administrator or executor of the estate
- the surviving spouse
- surviving sons and daughters, including adopted children
- surviving father and mother
- surviving brothers and sisters
- heirs of the deceased person who would be entitled to payment according to the State law.

BMissingFollowing is the order of precedence of the representatives of a producer earning<br/>payment who has disappeared:

- conservator or liquidator of the estate, if one has been appointed
- spouse
- adult son, daughter, or grandchild for the benefit of the estate
- mother or father for the benefit of the estate
- adult brother or sister for the benefit of the estate
- person authorized under State law to receive payment for the benefit of the estate.

Continued on the next page

## 777 Order of Precedence of Representatives (Continued)

## **C** Incompetent Producer

When the producer has been declared incompetent, any payments due will be made to the appointed guardian or conservator. When there is no guardian or conservator, this is the order of precedence of payments for the incompetent person's benefits:

- when the payment is \$1,000 or less:
  - spouse
  - adult son or daughter, or grandchild
  - mother or father
  - adult brother or sister
- when the payment is more than \$1,000, whatever person is authorized under State law of the incompetent producer's State of domicile.

## 778 Offset Provisions

## A Authorized Offsets

Payments made to representatives are subject to offset regulations.

## 779 Completing FSA-325 for Payments Due Persons Earning Payment

## A When to Use FSA-325

Use FSA-325 **only** when it is requested that a payment earned by a deceased, missing, or incompetent program participant be issued in a name other than that of the deceased, disappeared, or declared incompetent program participant.

Payments shall be issued to the respective qualified claimant's names using the deceased, missing, or incompetent program participant's tax identification number.

## **B** FSA-325 Application Number

Leave this block blank if application numbers are not used in the programs involved.

## **C** Number of Applications to File

Only one FSA-325 needs to be executed even though application is filed for payments under more than 1 program. Enter the name of each program on the application.

\*--Note: Payments to qualified claimants shall be processed through payment centralization using the "Alternate Payee Indicator" that is limited to specific programs and specific circumstances. If the "Alternate Payee Indicator" is not available for the applicable program payment, the county will need to set the "Other Agency Claim" flag in Financial Services to make the payment to another party.--\*

D Affidavit Needed for Missing Producer	When a producer has disappeared, obtain an affidavit from the applicant and a disinterested person who was well acquainted with the missing person to show that:
	• the person has been missing more than 3 months
	• a diligent search has failed to reveal the person's whereabouts
	• the person has not communicated during the period with other persons who would have expected to hear from the person.
	File the affidavits with the completed FSA-325.
E Filing FSA-325	FSA-325 shall be filed with the:
	<ul> <li>County Office by qualified representatives for program payments</li> <li>local FS forest supervisor when used for NSCP.</li> </ul>
F Application and Contract Requirements	<ul> <li>The application or contract required by the program handbook must be either of the following:</li> <li>on file in the County Office</li> <li>signed by the representative on FSA-325.</li> </ul>

Continued on the next page

# 779 Completing FSA-325 for Payments Due Persons Earning Payment (Continued)

G Example of Following is an example of FSA-325. FSA-325

EPRODUCE LOCALLY. Include date and form number	on all reproductions	<u> </u>		orm Approved - OMB No. 0560-00
SA-325 U.S. DEPARTMENT OF AGRICULTURE		1 57475 4415 601	FOR USE OF FSA	
2-28-95) Farm Service Agency APPLICATION FOR PAYMENT OF AMOUNTS DUE	PERSONS WHO	1. STATE AND COU 31-0		2. APPLICATION NO.
HAVE DIED, DISAPPEARED, OR HAVE BEEN I INCOMPETENT		3. PROGRAM		4. PROGRAM OR MKTG. YR.
See reverse for Instructions and Privacy Act and Public B	Rurden Stetemente \	AMT	'A	199X
ART A - REPRESENTATIONS AND APPLICATION FO				L. 1771
It is hereby certified that the person named in item 6 died,	, was declared incomp	etent, or disappeared, as i	ndicated, on the dat	e shown in item 7, and there exists a
claim for payment due said person under one of the progr made, which claim includes unnegotiated checks or certif below, each of the undersigned applies for payment of his	icates, shown in items	8 and 9, payable to the or m.	rder of such person.	On the basis of the facts set forth
NAME Daniel Mills		7. X DIED WAS DECLARED INC	DISAPPEARED	DATE 10-11-9X
UNNEGOTIATED CHECK OR CERTIFICATE NUMBERS		9. AMOUNT		DATE
151515151		\$ 420.00	<u> </u>	11-2-9X
<ol> <li>It is certified that the persons named in item 11</li> </ol>	below constitute	all the persons autho	rized by the reg	ulations to submit application
for the amount of said claim including any unn	egotiated checks o	or certificates drawn	payable to the o	rder of the person named in
item 6 and the following is a correct statement	of the data respect	ting such persons req	juired by said re	gulations. If among the perso
listed below there are minors or incompetents,				
guardian, conservator, or committee, as the cas		payments applied fo		
11. NAME AND ADDRE	SS		12. REL	ATIONSHIP OR CAPACITY
Deggy Mills				Doughton
Peggy Mills				Daughter
· · · · · · · · · · · · · · · · · · ·				
If any of the persons named in item 11 above is now	a minor or is incomp	etent, the name of eacl	h such person and	I the name of his/her natural
If any of the persons named in item 11 above is now guardian, custodian, legally appointed guardian, cons 13, NAME OF MINOR OR INCOMPETENT AND NATURE OF DISABILITY	servator, iiquidator, o	r committee, as the cas	se may be, are sta 14. REPRESENTATIVI	ted below: E OF MINOR OR INCOMPETENT
guardian, custodian, legally appointed guardian, cons	servator, iiquidator, o	r committee, as the cas	se may be, are sta 14. REPRESENTATIVI	ted below:
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## A

**Form to Use** Process SF-1055 for payment of amounts due a person who was a vendor, assignee, or someone other than the person who earned the payment, when that person has:

- died
- disappeared
- been declared incompetent.

## B

Handling Claims<br/>for Vendor,Follow the instructions in this table when making payments on behalf of someone<br/>other than the person who earned the payment.Assignee, or<br/>Other PersonsOther Persons

IF the person	AND an administrator or executor	THEN
has died	has been appointed	obtain a properly executed SF-1055 and make payment to the administrator or executor.
	has not been appointed	obtain a properly executed SF-1055 from the representatives and send it through the State Office to the regional attorney to determine to whom payment should be made according to State law.
is missing or incompetent		send all available records through the State Office to the regional attorney to determine to whom payment should be made according to State law.

Continued on the next page

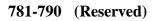
# C Example of Following is an ex SF-1055

Following is an example of SF-10.
-----------------------------------

	andard Form 1055 Rev. March 1999
Tit	le 4, GAO Manual
	CLAIM AGAINST THE UNITED STATES
	AMOUNTS DUE IN THE CASE OF A DECEASED CREDITOR
I.	I/we, the undersigned, hereby make claim as for amounts due from the United States in the case of who died on the day of, while domiciled in the State of
	United States in the case of who died on the day
	of,, while domiciled in the State of
2.	The basis of this claim is as
2	(State nature of claim, amount, name and location of Department or Agency involved) Has there been or will there be appointed an executor or administrator of the decedent's estate?
. 3.	
	("Yes" or "No".) If the answer is "Yes," the following statement should be completed:           I/we have been duly appointed         (Executor or Administrator)   Of the estate of the deceased, as evidenced
	(/
	by certificate of appointment herewith, administration having been taken out in the interest of:
	(Name, address, and relationship of interested relative or creditor)
	and such appointment is still in full force and effect.
	(If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a
	short certificate of letters testamentary or of administration must be submitted.) (If you are the executor or
	administrator of the estate of the deceased, disregard paragraphs 4, 5, and 6.)
4.	If an executor or administrator has not been or will not be appointed, the following information should be furnished:
	The deceased is survived by-
	Name
	Widow or widower (if none, so state):
	Children (if none, so state):
	Name Age (if under 21) Street Address, City, State, and ZIP Code
	Grandchildren (list only the children of deceased childrenif none, so state): Name of deceased
	Name Age (if under 21) Street Address, City, State, and ZIP Code parent of grandchild
-	

Continued on the next page

055	If no child or grandchild survives, enter below the following:
ntinued)	Name Street Address, City, State, and ZIP Code
	Father (if deceased, so state):
	Mother (if deceased, so state):
	Brothers and sisters (if none, so state):
	Name Age (if under 21) Street Address. City, State, and ZIP Code
	Nephews and nieces (list only the children of deceased brothers or sisters-if none, so state):
	Name of deceased parent Name Age (if under 21) Street Address, City, State, and ZIP Code of nephew or niece
	<ul> <li>5. Have the funeral expenses been paid? ("Yes" or "No.") (If paid, receipted bill of the undertaker must be attached hereto.)</li> <li>6. Whose money was used to pay the funeral expenses?</li></ul>
	must be attached hereto.)
	must be attached hereto.)         6. Whose money was used to pay the funeral expenses?         (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of
	must be attached hereto.)         6. Whose money was used to pay the funeral expenses?         (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         )         FINES, PENALTIES, and FORFEITURES are imposed by law for making of false or fraudulent claims against the
	must be attached hereto.)         6. Whose money was used to pay the funeral expenses?         (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         )         FINES, PENALTIES, and FORFEITURES are imposed by law for making of false or fraudulent claims against the
	must be attached hereto.)         6. Whose money was used to pay the funeral expenses?         (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.
	must be attached hereto.)         6. Whose money was used to pay the funeral expenses?         (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         )         FINES, PENALTIES, and FORFEITURES are imposed by law for making of false or fraudulent claims against the United States or the making of false statements in connection therewith.         (Signature of claimant)       (Date)         (Signature of claimant)       (Date)
	must be attached hereto.)         6. Whose money was used to pay the funeral expenses?         (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         such policy.       )         FINES, PENALTIES, and FORFEITURES are imposed by law for making of false or fraudulent claims against the United States or the making of false statements in connection therewith.         (Signature of claimsant)       (Date)         (Signature of claimsant)       (Date)         (Signature of claimsant)       (Date)         (Signature of claimsant)       (Date)
	must be attached hereto.)         6. Whose money was used to pay the funeral expenses?         (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         b       (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         b       (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         c       (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         f       (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         f       (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         f       (If funeral expenses were paid from the proceed by law for making of false or fraudulent claims against the United States or the making of false statements in connection therewith.         (Signature of claimant)       (Date)         (City, State, and ZIP code)       (City, State, and ZIP code)
	must be attached hereto.)         6. Whose money was used to pay the funeral expenses?         (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         b       (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         b       (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         c       (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         f       (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         f       (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such address)         (Signature of claimant)       (Date)         (Signature of claimant)       (Date)         (Signature of claimant)       (Date)         (City, State, and ZIP code)       (City, State, and ZIP code)         TWO WITNESSES ARE REQUIRED       We certify that we are well acquainted with the
	must be attached hereto.)         6. Whose money was used to pay the funeral expenses?         (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         ////////////////////////////////////
	must be attached hereto.)         6. Whose money was used to pay the funeral expenses?         (If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy.         )         FINES, PENALTIES, and FORFEITURES are imposed by law for making of false or fraudulent claims against the United States or the making of false statements in connection therewith.         (Signature of claimant)       (Date)         (Signature of claimant)       (Date)         (Signature of claimant)       (Date)         (Signature of claimant)       (Date)         (City, State, and ZIP code)       (City, State, and ZIP code)         TWO WITNESSES ARE REQUIRED         We certify that we are well acquainted with the and that the signature(s) of the claimant(s) was (were) affixed in our



# Section 2 Attachment of Payments

<b>791</b>	Attachment	of Program Payments
Α		
Jurisdic	ction	No State or local court has jurisdiction to order a County Office to pay money due a program participant to a judgment creditor. If this action is taken, send all available related facts to the State Office for forwarding to the regional attorney.
792-800	(Reserve	d)

1-15-02

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801	Linkage	<b>Requirements</b>
	Linnege	red and children

# A

Introduction

\*--A producer is required to obtain at least the catastrophic level of insurance for each crop of economic significance grown on each farm in the county in which the producer has an interest, if insurance was available in the county for the crop, to be eligible for:

- Conservation Reserve Program (CRP)
- farm ownership loans (FO)
- operating loans (OL)
- emergency loans (EM).--\*

#### B Ma

Maintaining Linkage The Federal Agriculture Improvement and Reform Act of 1996 amended the Federal Crop Insurance Act, Section 508(b)(7), to allow the producer to maintain linkage by doing either of the following:

- obtain at least the catastrophic level of insurance for each crop of economic significance in which the producer has an interest
- provide a written waiver to the Secretary waiving eligibility for emergency crop loss assistance for the crop.

The linkage requirement:

- applies to the producer's interest in all counties
- cannot be met on a county-by-county basis
- provides that the producer shall do either of the following:
  - obtain insurance in all counties for each crop of economic significance in which the producer has an interest
  - provide a written waiver that waives eligibility for emergency crop loss assistance for the crop.

Continued on the next page

B Maintaining Linkage (Continued)	<ul> <li>The producer has the following options for meeting linkage requirements:</li> <li>obtain at least the catastrophic level of crop insurance in all counties for each crop of economic significance in which the producer has an interest</li> <li>obtain at least the catastrophic level of crop insurance for some, but not all, crops of economic significance in which the producer has an interest, and sign a waiver</li> <li>sign a waiver that waives eligibility for crop loss assistance for the producer's</li> </ul>
	<ul><li>crops.</li><li>Note: 7 CFR Part 1405.6 contains these requirements.</li></ul>
C Example of Linkage	If Farmer A produces crops of economic significance in both County B and County C, but requests USDA benefits subject to linkage in County B only, Farmer A has the following options:
	<ul> <li>obtain at least the catastrophic level of crop insurance for all crops of economic significance in both Counties B and C</li> <li>not obtain at least the catastrophic level of crop insurance for any crop but sign FSA-570</li> </ul>
	• obtain at least the catastrophic level of crop insurance on some crops and sign FSA-570.
	*If Farmer A participates in CRP in County B and obtains CAT on all crops* of economic significance in County B, but does not obtain at least CAT in County C or sign FSA-570, Farmer A is ineligible for benefits in County B.

## 802 Waiving Eligibility for Assistance

## A Submitting FSA-570

Producers shall sign FSA-570 to waive all eligibility for emergency crop loss assistance on all crops of economic significance for which at least the catastrophic level of crop insurance has not been purchased.

FSA-570 applies \* \* \* in all counties where the producer has an interest in a crop of economic significance and shall remain in effect until revoked in writing by the producer or canceled by the Department. If the producer revokes a signed waiver and does not obtain at least the CAT level of crop insurance for all crops of economic significance, the producer \*--will be ineligible for all benefits listed in subparagraph 801 A.--\*

\* \* \*

## **B** Eligibility Flags

In each county, where the producer has an interest in a crop of economic significance, the County Office must have a copy of either FSA-570 or evidence that the crop insurance policy is in effect before eligibility flags can be updated.

When a copy of the signed FSA-570 or evidence that a crop insurance policy is in effect, \*--update the FCI flag according to 3-PL, paragraph 38.--\*

# 802 Waiving Eligibility for Assistance (Continued)

# C Example of FSA-570

Following is an example of FSA-570.

SA-570	U.S. DEPARTMENT OF AGRICULTURE
04-11-96)	Farm Service Agency
v	VAIVER OF ELIGIBILITY FOR EMERGENCY ASSISTANCE
egarding eligibility for mergency crop loss as rops for which insura nsurance program. Thi evocation in writing by	rith section 508(b)(7)(A) of the Federal Crop Insurance Act, as amended, Department programs, <u>I hereby waive my eligibility to receive any</u> ssistance from the United States Department of Agriculture for any of my ence is available, and I have elected not to insure, under the Federal crop is waiver shall remain in effect until the earlier of (1) the crop year following me or (2) cancellation by the Department. Nothing contained herein affects gency loans under section 371 of the Consolidated Farm and Rural
roducer name:	
roducer signature:	
Date:	
focial Security number ther program identifier	
	24- 25-

# 803-812 (Reserved)

## 813 Policy Regarding Typewritten Checks

### **A** Prohibition

County Offices are not authorized to issue typewritten checks.

**Exception:** The Deputy Administrator responsible for administration of an applicable \*--program and DAM **must** authorize, in writing, issuance of typewritten checks.

**Note:** County Offices shall **not** issue typewritten checks unless prior authorization from **both** the applicable program Deputy Administrator and DAM is received.

See 1-FI, paragraph 215.--\*

### **B** Reason for Prohibition

Automated payment processes have been developed for many programs. For programs where an automated payment process has not been developed, payments are issued through

\*--the System 36 accounting checkwriting application or the National Payment Service. All--\* payments should be issued through the automated system so that disbursement data is accounted for properly.

Program policy prohibiting issuance of typewritten checks was developed to:

- maintain fiscal integrity
- prevent mistakes to the extent possible.

## **C** Disciplinary Action

Disciplinary action may be taken against any employee that:

- issues a typewritten check
- authorizes issuance of a typewritten check.

#### 814-820 (Reserved)

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## \*--Part 29 Fraud Provisions

## 821 Actions That Defeat Program Purpose

## A Introduction

Failure to accurately report acreage or carry out the terms and conditions as required to receive benefits:

- will cause serious and substantial damages to CCC
- may impair the effectiveness in achieving program objectives.

Note: This part does not apply to FLP.

## **B** Examples of Actions Defeating Program Purpose

COC may determine that an action has knowingly and willfully been taken to defeat the purpose of the program. If this determination is made, the farm, producer, or crop, as applicable, is ineligible for benefits. Consider the following as actions that defeat the purpose of farm programs:

- falsifying certification of compliance with program requirements
- violating program requirements
- obstructing COC's effort to determine compliance with program requirements.

## C Appeal Rights

The County Office shall inform the producer of the right to appeal any COC decision according to 1-APP.--\*

# \*--822 Reporting Known or Suspected Violations of Criminal Statute

## A County Office Action

When County Office personnel suspect or have knowledge of a violation of a Federal criminal statute in association with an FSA administrated program, the possible violation must be reported to the State Office.

- **Note:** A violation of Federal criminal statute may be, but not limited to, the following actions:
  - false statements
  - alteration of documents
  - unauthorized disposition of mortgaged property.

The following table provides steps for the County Office to follow when dealing with possible violation of criminal statutes.

Step	Action		
1	Notify the State Office immediately by telephone of the circumstances of the case.		
2	Refer the case to the State Office. Mail the complete case file to the State Office including a concise and informative narrative detailing the violation.		
	<b>Note:</b> Include aerial photography, if applicable, and ensure that all documents are readable.		
3	Do <b>not</b> discuss the referral of the case with producers.		
4	Provide services and regular program determinations in the normal manner until the State Office provides further guidance. Do not make any administrative determinations including good faith once the case is referred to the State Office.		
	Examples:If the producer is to receive a program payment or other disbursement, proceed to pay the producer, even though the case has been referred to the State Office.If a claim or receivable had already been established before the ca		
	was referred to the State Office, continue to accept payments when received.		
5	Follow the instructions of the State Office.		

## \*--822 Reporting Known or Suspected Violations of Criminal Statute (Continued)

## **B** State Office Action

The following table provides steps for the State Office to follow after receiving a case file submitted by the County Office.

Step	Action	
1	Review the facts of the case submitted by the County Office.	
2	Obtain advice from OGC if legal questions are presented.	
3	IF the State Office	THEN
	believes the case may possibly involve a violation of a Federal criminal statue	request OIG investigation according to 9-AO.
	does not believe the case involves a violation of a Federal criminal statue	notify the County Office:
		<ul><li> of the determination</li><li> to take normal administrative</li></ul>
		actions, if applicable.

## **C** Responding to Inquiries or Other Discussions of Case

Do **not** discuss the referral of the case with producers.

County Office shall notify the State Office if the producer or their representative makes any inquiry relating to the case. State Office shall request guidance from OIG, if applicable.--\*

## 823-870 (Reserved)

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#### Part 30 Controlled Substance Violations Section 1 Policy Regarding Producers 871 Policy Α Background [7 CFR Part 718] Any person who is convicted under Federal or State law of a controlled substance violation, as outlined in this part, shall be ineligible for payments or benefits as provided in this part. B Controlled Program participants convicted under Federal or State law of any of the following actions relative to a controlled substance are ineligible for program payments and Substance **Convictions** benefits as provided in subparagraph C: \*--Except **Possession and** planting . cultivating Trafficking . growing producing . harvesting storing **Note:** Applies specifically to prohibited plants including marijuana, coca bushes, opium poppies, cacti of genus lophophoria, and other drug producing plants prohibited by Federal or State law .--\* С **Program and** If convicted of planting, cultivating, growing, producing, harvesting, or storing of **Benefits Affected** \*--a controlled substance as specified in subparagraph B, program participants--\* shall be ineligible during that crop year and 4 succeeding crop years for payments and benefits authorized under any Act with respect to any commodity produced: direct and counter-cyclical payments . price support loans . LDP's and market loan gains . storage payments . farm facility loans NAP and disaster payments.

Continued on the next page

#### \*--D

Programs andAny program participant convicted of planting, producing, growing, cultivating,<br/>harvesting, or storing a controlled substance will remain eligible for payments and<br/>benefits from the following:

- CRP
- EQIP
- ECP
- FIP
- other noncommodity programs.
- **Note:** Always consult with the Regional Attorney before initiating any actions on cases involving controlled substance violations.

## E

Drug Trafficking and Possession

Program participants convicted of any Federal or State offense consisting of the distribution (trafficking) of a controlled substance shall, at the discretion of the court, be ineligible for any or all program payments and benefits:

- for up to 5 years after the first conviction
- for up to 10 years after the second conviction
- permanently for a third or subsequent conviction.

Program participants convicted of Federal or State offense for the possession of a controlled substance shall be ineligible, at the discretion of the court, for any or all program benefits, as follows:

- up to 1 year upon the first conviction
- up to 5 years after a second or subsequent conviction.

**Note:** Consult with the Regional Attorney before initiating any actions on cases involving controlled substance violations.--\*

## 872-881 (Reserved)

# Section 2 Eligibility of Other Persons

## 882 Spouses, Minor Children, Relatives, General Partnerships, Tenants, Sharecroppers, and Landlords

## A

Determining Eligibility Use the following table to determine whether the spouse, minor child, other relative, partner in a general partnership, tenant, sharecropper, or landlord of a producer convicted of a controlled substance violation is eligible to participate in and receive program benefits administered by FSA.

WHEN the individual is	AND has	AND has not been	THEN the individual is eligible to
<ul><li>any of the following:</li><li>spouse</li><li>minor child</li><li>other relative</li></ul>	<ul> <li>a separate and distinct interest in the land or crop involved</li> <li>exercised separate responsibility for their interest</li> </ul>	• determined ineligible for FSA program participation in the current year because of a controlled	<ul> <li>participate in FSA programs</li> <li>receive benefits from programs administered</li> </ul>
<ul> <li>partner in a general partnership</li> <li>tenant</li> <li>sharecropper</li> </ul>	• been responsible for the cost of farming from a fund or account separate from any other individual or entity currently ineligible for program participation	<ul> <li>substance violation</li> <li>otherwise determined ineligible to receive FSA program benefits for the current year</li> </ul>	by FSA.
<ul> <li>landlord</li> <li>other producer on the farm</li> </ul>			

#### A Elicit

Eligibility \*--Corporations, trusts,

\*--Corporations, trusts, limited partnerships, and other similar entities shall be--\* eligible to receive benefits that are reduced:

- by a percentage equal to the total percentage of ownership kept by the individual convicted of a controlled substance violation, who is a:
  - shareholder of the corporation
  - partner in the partnership
  - beneficiary of a trust
  - •\*--member of an entity
- during the crop year of the violation
- during the 4 succeeding crop years.
- **Note:** For trafficking and possession, reductions will be for the period of time specified by the court.--\*

884-893 (Reserved)

# Section 3 Cooperating With Law Enforcement

894 Policy	
A Action	COC's and their staffs shall:
	• cooperate with law enforcement officers
	<ul> <li>make arrangements with law enforcement agencies to be notified of all cases involving prohibited plants</li> </ul>
	• document information received from courts or other law enforcement officers.
895-904 (Reserve	

## 895-904 (Reserved)

•

# Section 4 Collection and Reporting Requirements

## 905 Collections

# A

**Collecting for Denied Benefits**  When it is determined, after payment has been made, that a producer shall be denied program benefits because of a conviction under State or Federal law, use the following steps to collect the payment.

Step	Action
1	Record the producer and amount due according to 58-FI, Part 5.
2	Follow due process by sending the producer:
	<ul><li>an initial notification letter</li><li>first demand letter for overdue payments.</li></ul>
3	Establish a claim according to 58-FI, Part 5.
4	Coordinate all later collection efforts through the State Office.

A County Office Reporting	County Offices shall notify their State Office immediately of all cases involving a producer who is alleged to have violated, or was convicted of violating, a controlled substance. State Offices shall: <ul> <li>notify RIG immediately of all cases arising under this part</li> <li>refer all alleged violations to the Regional Attorney for proper determination</li> </ul>	
B State Office Reporting		
	Notes: Refer to the applicable Federal or State law.	
	Use the following terms concerning a controlled substance:	
	<ul> <li>convicted</li> <li>planting</li> <li>cultivating</li> <li>growing</li> <li>producing</li> <li>harvesting</li> <li>storing</li> <li>*trafficking</li> <li>possession*</li> </ul>	
	• notify the nearest U.S. Department of Justice, Drug Enforcement Administration field office, if:	
	• information is received about the harvest of a prohibited plant	
	• it appears the Drug Enforcement Administration is not aware of the information.	
907-916 (Reserv	ved)	

# Part 31 State and County Codes, Abbreviations, and Community Property States

917 State and County Codes and State Abbreviations		
A State Code Numbers	Two-digit code numbers have been assigned for use with all FSA and CCC programs to identify States. See Exhibit 100.	
B State Abbreviations	Exhibit 100 contains the 2-letter State abbreviation, which is to be used in the mailing address.	
C County Code Numbers	Three-digit code numbers have been assigned for use with all FSA and CCC programs to identify counties. See Exhibit 101.	
918 Codes for CM	/A, LSA, and NSCP	
A List of CMA's and LSA's	See 1-CMA for a list of CMA's and LSA's.	
B NSCP Codes	NSCP has been assigned:	
	<ul><li>State code 13</li><li>county code 899.</li></ul>	

# 1-15-02

Α	
Introduction	Abbreviations or a

acronyms for organizational units, programs, etc., frequently referred to in FSA have been approved for use in all software applications, directives, forms, charts, and memorandums.

# В

## Using Abbreviations and Acronyms

Offices shall obtain abbreviations and acronyms to use as follows.

Source	Kind of Abbreviation
Exhibit 102, subparagraph A	Mandatory abbreviations and acronyms
Exhibit 102, subparagraph B	Optional abbreviations and acronyms
Each handbook, Exhibit 1	Abbreviations and acronyms not included in Exhibit 102
Exhibit 100	Two-digit State abbreviation for mailing address

Offices must not use unidentified abbreviations in communications prepared for use outside FSA.

## С

Establishing Abbreviations and Acronyms

Offices wanting to suggest new abbreviations or acronyms shall send a memorandum to either of the following divisions:

- HRD for organizational units .
- MSD, Publishing Branch for others. •

Α	
List of	Community property States are:
Community	
<b>Property States</b>	• Arizona
	California
	• Idaho
	Louisiana
	• Nevada
	New Mexico
	• Texas
	• Washington

- Washington
- Wisconsin.

#### 921-930 (Reserved)

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#### Part 32 Facility Name and Address File

#### 931 General Information

A Purpose	This part provides instructions for entering facilities into the:
	• State name and address file
	• County "Other" name and address file.
	<b>Note:</b> To avoid confusion, the few differences between the State and county facility maintenance screens have been overwritten with an "X".
B Accessing State Name and Address Maintenance	Access State Name and Address Maintenance Screen MAC01001 according to the following table.
Screen	

Step	Menu	Action
1	FAX250	ENTER "4", "Application Processing", and PRESS "Enter".
2	FAX09002	Select "State Office File" and PRESS "Enter".
3	FAX07001	ENTER "9", "Common Provisions", and PRESS "Enter".
4	MA0000	ENTER "4", "State Name and Address", and PRESS "Enter". Screen MAC01001 will be displayed.

#### С

Accessing<br/>County "Other"Access County "Other" Name and Address File Maintenance Screen MAC01001<br/>according to this table.Name and<br/>Address File<br/>MaintenanceAccess County "Other"<br/>according to this table.ScreenScreen

Step	Menu	Action
1	FAX250	ENTER "4", "Application Processing", and PRESS "Enter".
2	FAX09002	Select applicable County Office file, and PRESS "Enter".
3	FAX07001	ENTER "9", "Common Provisions", and PRESS "Enter".
4	MA0000	ENTER "3", "Other Name and Address Maintenance", and PRESS "Enter". Menu MAC000 will be displayed.

#### D Example of Menu MAC000

Following is an example of Facility Selection Menu MAC000.

Example of	
Menu MAC000	

COMMAND Facility Selection Men	MAC000 u	BT
1.	Add	
2.	Change	
3.	View	
4.	Delete	
5.	Reactivate	
6.	Change ID Number, ID Type or Facility Code	
20.	Return to Application Primary Menu	
21.	Return to Application Selection Menu	
22.	Return to Office Selection Menu	
23.	Return to Primary Selection Menu	
24.	Sign off	
Ready for option nur	nber or command	

#### Ε

**Accessing Data Entry Screens** 

This table provides instruction for Menu MAC000.

IF option(s)	THEN
"1" is selected	Screen MAC00101 will be displayed. See paragraph 932 for further instruction on adding new facilities.
"2" through "6" are selected	Screen MAC01001 will be displayed. See subparagraph F.

#### F

When Options 2 Through 6 Are Selected

When options 2 through 6 are selected on Menu MAC000, Screen MAC01001 will be displayed. The user selects the facility by entering the full ID number and ID type, last 4 digits of the ID number, or the last name of the producer.

If more than 1 facility with the same name exists, or if the user enters an incomplete last name, Screen MACS0301 will display, enabling the user to choose the correct facility from a list of facilities with similar names found on the facility file. After the desired facility has been selected, follow this table.

IF the user selected	THEN
"2" to change a record	Screen MAC01201 will be displayed. See paragraph 934.
"3" to view a record	Screen MAC01101 will be displayed. See paragraph 933.
"4" to delete a record	Screen MAC01401 will be displayed. See paragraph 935.
"5" to reactivate a record	Screen MAC01601 will be displayed. See paragraph 937.
"6" to change the ID number, ID type, or facility code	Screen MAC02001 will be displayed. See paragraph 936.

IACS0301	Common Provisions XXX- Facility Name and Address			97 09/		ACS0301 Term #1 
	Facility Name 1 SCHWABB 2 SCALE CO. 3 SECURITY NATIONAL BANK 4 SMALLETON OFFICE SUPPLY	3333-33333	E E F	45 49 40	Deleted	
	5 SAMSONE CORPORATION	55-5555555	E	99		

#### 932 Adding Records

#### A

Purpose

Screen MAC01302 allows users to enter basic data for the facility being added to the facility name and address file. This screen changes according to facility type.

#### B

Accessing Screen MAC01302 by entering the following data on Screen MAC00101: MAC01302

- ID number or facility name
- ID type
- facility code being added.

This table provides instructions on what to enter in those fields.

Field	Entry
Enter Id Number or	Enter the 9-digit ID number or the facility name.
Enter Facility Name	<b>Note:</b> If using producer ID number, enter the ID type code. A help screen is available for ID type codes.

#### B **Accessing Screen** MAC01302 (Continued)

Field	Entry
Id Type	Enter 1 of the following ID types:
	<ul> <li>"T" for a temporary number</li> <li>"E" for an employer number</li> <li>"I" for an IRS assigned number</li> <li>"F" for other numbers</li> <li>"S" for Social Security number.</li> </ul>
Enter Facility Code	Enter appropriate facility code. For a list of facility codes, see Exhibit 103 or PRESS "Help".

Note: PRESS "Enter" to display Screen MAC01302.

Common Provisions 073-F F Facility Name and Address		
	Grain Warehouse Id Type E	Facility Code 0
Facility Name SHELDON FA	ARMERS ELEVATOR	
Facility Name		
Facility Name		
Street PO BOX 120	Car-Rt B001	
Street		
City SHELDON	State ND	
City-Province-Foreign Country	,	
Zip Code 58068 0120		Direct Deposit N
Telephone 701 882 3236		Receive Mail Y
Warehouse Master Code 2537	71	Warehouse Status 1
State County Code 38073		License Code F
Facility Location City SHELD	ON	
Facility Location State ND		
Eligible for Designation Y		Foreign Person N

Continued on the next page

С

# DEntries onThis table describes the fields and flags for basic data entered into the facility name<br/>and address file. PRESS "Field Exit" to move from field to field.Facility Name<br/>and AddressNote: See Exhibit 104 for information on using authorized USPS abbreviations<br/>for entering address data for producers.

Field	Description	Entry
Facility Name	Contains the name of the facility.	Enter the facility name. Abbreviate if name is longer than 3 lines.
Street	The facility street address.	Enter up to 2 lines of street address information.
Car-Rt	The carrier route associated with the facility address. <b>Example:</b> "B003".	Enter the carrier route, if known. If unknown, this field will be updated during ZIP+4 processing.
City	The city where the facility is located.	Enter the city, if known. If no address is available, ENTER "Unknown". Up to 20 characters may be entered in this field.
State	The State where the facility is located.	Enter the State, if known. If no city is available, make an entry in the "City-Province Foreign Country" field, if applicable. Enter 2 characters in this field.
ZIP Code	The ZIP and ZIP+4 Code for the facility.	Enter the ZIP and ZIP+4 Code, if known. Enter only the 5-digit ZIP Code if the ZIP+4 Code is unknown.
City- Province Foreign Country	The country, APO, and city of a facility residing on a military base. <b>Notes:</b> Use this field only if the address includes a foreign country or APO.	Enter up to 35 characters of the country, APO, and city of a facility located on a military base.
	This field is bypassed if entry made in "State" field.	

#### D **Entries on Facility Name** and Address Screen (Continued)

Field	Description	Entry
Direct Deposit	Indicates whether the facility wants payments to be made to established accounts in financial institutions.	No entry in this field. The field is updated through accounting applications.
	"Y" indicates using direct deposit for payments to the facility.	
	"N" indicates that the producer will be paid directly.	
Receive Mail	Indicates whether the facility wants to receive mailing from the State Office.	ENTER "Y" for facilities requesting to receive mail.
		ENTER "N" for facilities that have not requested to receive mail.
Foreign Person	Indicates whether the facility is considered a foreign person in accordance with 1-PL	ENTER "Y" for facilities that are:
	payment eligibility rules.	<ul> <li>individuals that either are not U.S. citizens or do not possess a valid I-151 or I-551</li> </ul>
		• entities organized or chartered in a foreign country.

#### Ε

Accessing Access Supplemental Data Screen MAC01701 according to this table. Supplemental Data Screen

IF all fields on Screen MAC01202 are	THEN
correct	PRESS "Enter". Supplemental Data Screen MAC01701 will be displayed.
incorrect	move the cursor directly over the incorrect entries. Correct the entry. PRESS "Enter" to advance to Supplemental Data Screen MAC01701.

A Purpose	Screen MAC01102 allows users to display basic data that has been entered into the facility name and address file.		
B Accessing Screen MAC01102	To access Screen MAC01102, ENT	ER "3" on Menu MAC000.	
C Example of Screen	Following is an example of Screen I	MAC01102.	
MAC01102	24-Maryland XXXX Name and Address-Maintenance	DISPLAY MAC01102 VERSION: AB28 12/09/1997 08:56 TERM G0	
	Id Number 999 99 99999 Id Type S Facility Name SEVEN COTTON CO Facility Name Facility Name	Cotton Gin Facility Code 03	
	Street 77 SEVENTH AVENUE Street City PROVINCE	Car-Rt State MD	
	Zip Code 22222 0000 Telephone 777 777 7777	Direct Deposit Y Receive Mail Y Foreign Person	
		Cmd7-End	

#### D

Screen MAC01701 To display Supplemental Data Screen MAC01701, PRESS "Enter" on Screen MAC01102. Following is an example of Screen MAC01701.

Supplemental Dat Facility Code 03 Id Number 444 44 4444	
	Id Type S
Assigned Payments N	٧
Receivables	•
Claims N	
Other Agency Claims	Ν
Bankruptcy N	N
Joint Payee N	N

A Purpose	Screen MAC01202 allows users in the facility name and address	Ũ	lata previously entered	
	<b>Note:</b> This option is not used to	o change ID number, ID typ	be, or facility code.	
B Accessing Screen MAC01202	To access Screen MAC01202, F	ENTER "2" on Menu MAC	000.	
C Example of Screen MAC01202	Following is an example of Scre <b>Note:</b> See paragraph 932 for in		ls on this screen.	
	31-NEBRASKA XXXX Name and Address-Maintenance	CHANGE VERSION: AB28 12/16/199	MAC01202 97 10:47 TERM F1	
	Prod. Coop Soybeans			
	Facility Name SOYCO Facility Name Facility Name Street 987 LARK AVE Street	rpe S Facility Co Car-Rt	ode 08	
	City LAYTON City-Province-Foreign Country	State MD		
	Zip Code 22211 0000 Telephone 333 999 9999	Direct Deposit Receive Mail	Y Y	
		Foreign Person	Ν	

Enter-Continue

Continued on the next page

Cmd7-End

31-NEBRASKA XXXX State Name and Ad	CHANGE dress-Maintenance VERSION:	MAC017 AB28 12/16/1997 10:54 TERM F1
	Supplemental D	ata
Facility Code 08	Id Number 888 88 8888	Id Type S
	Assigned Payments	N
		N
	Claims Other Agency Claims	N N
		N
	1 1	N

E	
Accessing Screen MAX01701	After completing all fields on Screen MAX01202, Screen MAX01701 will be displayed.

#### F

Entries on	This table describes the fields and flags for supplemental data entered into the
Supplemental	facility name and address file. PRESS "Field Exit" to move from field to field.
Data Screen	

Field	Description	Entry
Assigned Payments	Indicates whether facility has CCC-36 on file.	ENTER "Y" when facility has CCC-36 on file. ENTER "N" when facility does not have CCC-36 on file.
Receivables	Indicates whether facility has a receivable on file.	ENTER "Y" when facility has a receivable on file. ENTER "N" when facility does not have CCC-36 on file.
Claims	Indicates whether facility has a claim on file.	ENTER "Y" when facility has a claim on file. ENTER "N" when facility does not have a claim on file.
Other Agency Claims	Indicates whether facility has a claim from another agency on file.	ENTER "Y" when facility has an other agency claim on file. ENTER "N" when facility does not have an other agency claim on file.
Bankruptcy	Indicates whether facility is in bankruptcy	ENTER "Y" when facility is in bankruptcy. ENTER "N" when facility is not in bankruptcy.
Joint Payee	Indicates whether facility has CCC-37 on file.	ENTER "Y" when facility has CCC-37 on file. ENTER "N" when facility does not have CCC-37 on file.

A Purpose	Screen MAC01401 allows users to delete a record from the facility na address file.	ame and
B Accessing Screen MAC01401	To access Screen MAC01401, ENTER "4" on Menu MAC000.	
C Example of Screen	Following is an example of Screen MAC01401.	
MAC01401	24-Maryland DELETE XXXX State Name and Address-Maintenance VERSION: AB28 12/09/1997 11:06 TE	MAC01401 RM G0
	Cotton Gin 1) Id Number 999 99 9999 2) Id Type S 3) Facility Code 03	
	Cmd7-End	(D)elete

\_\_\_\_\_

## DSteps forOn Screen MAC01401, ENTER "D" and PRESS "Enter" to delete the record.Deleting RecordsScreen MAC01401 will be redisplayed with the message, "Confirm to Delete --<br/>(Y)es or (N)o".

24-Maryland XXXX Name and	Address-Maintena	nce		LETE DN: AB28	12/09/1997 11:06 TER	MAC01401 M G0
1) Id Number	999 99 9999		Cotton Type		3) Facility Code 03	
					Confirm to Delete -	- (Y)es or (N)o

To confirm to delete the record, ENTER "Y", and PRESS "Enter". Screen MAC01001 will be redisplayed with the message, "Record deleted from Name/Address file", confirming that the record has been deleted.

**Note:** If the record is not to be deleted, ENTER "N", and PRESS "Enter". The record will not be deleted.

#### 936 Changing ID Number, ID Type, or Facility Code

#### A Purpose

Screen MAC02001 allows user to make changes to ID number, ID type, or facility codes to records in the facility name and address file.

#### **B** Accessing Screen MAC02001

On Menu MAC01001:

- enter ID number or facility name, ID type, and facility code for the facility to be changed
- PRESS "ENTER", Screen MAC02001 will be displayed.

#### C Example of Screen MAC02001

Following is an example of Screen MAC02001.

24-Maryland XXXX Name and Address-Maintena	CHANGE ance VERSION: A	MAC02001 AB28 12/09/1997 12:03 TERM H0
1) Id Number 999 99 9999	Cotton Gin 2) Id Type S	3) Facility Code 03
4) New Id Number		
5) New Id Type		
6) New Facility Code		
Cmd7-End		Enter-Continue

#### **D** Making Changes to Record

On Screen MAC02001, enter the new ID number, ID type, or facility code, as applicable. PRESS "ENTER". Screen MAC02001 will be redisplayed with the message, "Record added to Name/Address file", confirming the changes.

#### A Purpose

Screen MAC01601 allows users to reactivate a deleted record in the facility name and address file.

#### **B** Accessing Screen MAC01601 to Reactivate Records

To access Screen MAC01601, ENTER "5" on Menu MAC000.

Following is an example of Screen MAC01601.

#### **C** Reactivating Records

To reactivate the record, ENTER "Y" and PRESS "ENTER". Screen MAC01601 will be redisplayed with the message, "Record Reactivated".

#### 938-949 (Reserved)

#### \*--Part 33 Socially Disadvantaged, Limited Resource, and Beginning Farmer Certifications

#### 950 Certification Policy

#### A Background

Certain FSA/CCC programs, including but not limited to DCP and ACRE Program, require customers to indicate that they are claiming to be socially disadvantaged, limited resource, or beginning farmers or ranchers, to meet applicable eligibility requirements.

#### **B FSA-217**

FSA-217 shall be completed by all producers requesting eligibility consideration based on the applicable certification. See Exhibit 1 for definitions of socially disadvantaged, limited resource and beginning farmers or ranchers.

#### C Maintenance

FSA-217 shall be filed according to 25-AS, Exhibit 22 in file PE 2, Producer Eligibility File, and maintained for a period of 7 years after the year the applicable program files are no longer needed.--\*

#### 950 Certification Policy (Continued)

#### D Example of FSA-217

The following is an example of a completed FSA-217.

ECA_217	available electronically.			(See Page 2 for Definition
FSA-217 (01-20-10)         U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		14	A. County FSA Office Nam (Including Zip Code)	e and Address
	IALLY DISADVANTAGED, LIMITED RESOUR		Jefferson County FSA Offi 209 East Third Avenue	ce
	GINNING FARMER OR RANCHER CERTIFIC	ATION	Ranson, WV 25438	
		1E	3. Telephone No. (Area Coo	de) 1C. Program Year
	for Privacy Act.)		304-725-3471	2008
2. Applicar	t's Name and Address		INSTRI	JCTIONS:
١			INSTRU	
	Chris Hunt PO Box 10 Harpers Ferry, WV 25425	I		e information relating below Part D. Return
INFORMA	TION: If a legal entity requests to be considered "beginning" farmer or rancher, at least individual capacities meet the definitior includes; "owners", "operators" and "o CERTIFICATION OF SOCIALLY DISADVANTAGED FAR	50 percent on as provide other product	of the persons in the e d on Page 2 of this for ers".	ntity must in their m.   Farmer or ranch
	y that the following is true by checking the box belo		ICHER (2005 ACL - IIICIU)	des Gender)
	I am a member (or if applicable, members) of a gro		embers have been subie	ct to racial, ethnic, or
	gender prejudice because of their identity as memb	ers of a grou	p without regard to their	r individual qualities.
	CERTIFICATION OF SOCIALLY DISADVANTAGED FAR		CHER (1990 Act – Exclu	des Gender)
4. 1 certif	y that the following is true by checking the box belo			
	I am a member (or if applicable, members) of a group whose members have been subject to racial or ethnic prejudice because of their identity as members of a group without regard to their individual qualities.			
	prejudice because of their identity as members of a	sup whose m a group withc	out regard to their indivi-	et to racial or ethnic dual qualities.
	prejudice because of their identity as members of a Food, Agriculture, Conservation and Trade Act of	a group withc `1990 (inclua	out regard to their individ	dual qualities.
PART C – C	prejudice because of their identity as members of a Food, Agriculture, Conservation and Trade Act of CERTIFICATION OF LIMITED RESOURCE FARMER OR	a group withc `1990 (inclua RANCHER	but regard to their individent of the individent of the second state of the second sta	dual qualities.
PART C – C	prejudice because of their identity as members of a <i>Food, Agriculture, Conservation and Trade Act of</i> <b>CERTIFICATION OF LIMITED RESOURCE FARMER OR</b> <i>by that the following statements are true by checking</i>	a group witho `1990 (inclua RANCHER The appropr	out regard to their individ les racial, ethnic, but no iate boxes below:	dual qualities. <i>t gender).</i>
PART C – C	prejudice because of their identity as members of a Food, Agriculture, Conservation and Trade Act of CERTIFICATION OF LIMITED RESOURCE FARMER OR	a group withc <sup>•</sup> 1990 (incluat <b>RANCHER</b> <b>the appropr</b> ot more than	but regard to their individual <i>les racial, ethnic, but no</i> <i>iate boxes below:</i> \$100,000 in both of the	dual qualities. <i>t gender).</i> previous 2 years. Far
PART C – C	prejudice because of their identity as members of a Food, Agriculture, Conservation and Trade Act of CERTIFICATION OF LIMITED RESOURCE FARMER OR by that the following statements are true by checking My/our gross direct and indirect farm sales were no sales limit is subject to change to adjust for inflation	a group withc <sup>•</sup> 1990 (incluat <b>RANCHER</b> <b>the appropr</b> ot more than	but regard to their individual <i>les racial, ethnic, but no</i> <i>iate boxes below:</i> \$100,000 in both of the	dual qualities. <i>t gender).</i> previous 2 years. Far
PART C – ( 5. <i>I certif</i>	prejudice because of their identity as members of a Food, Agriculture, Conservation and Trade Act of CERTIFICATION OF LIMITED RESOURCE FARMER OR by that the following statements are true by checking My/our gross direct and indirect farm sales were no sales limit is subject to change to adjust for inflation Agricultural Statistics Service (NASS).	a group withous 1990 (incluation <b>RANCHER</b> <b>the appropriate</b> ot more than on using prices mational pove	but regard to their individ les racial, ethnic, but no iate boxes below: \$100,000 in both of the e paid by farmer index a rty level for a family of	dual qualities. <i>t gender).</i> previous 2 years. Far s compacted by Nation 4, or less than 50
PART C – ( 5. <i>I certif</i>	prejudice because of their identity as members of a <i>Food, Agriculture, Conservation and Trade Act of</i> <b>CERTIFICATION OF LIMITED RESOURCE FARMER OR</b> <i>by that the following statements are true by checking</i> My/our gross direct and indirect farm sales were not sales limit is subject to change to adjust for inflation Agricultural Statistics Service (NASS).	a group withous 1990 (incluation <b>RANCHER</b> <b>the appropriate</b> ot more than on using prices mational pove	but regard to their individ les racial, ethnic, but no iate boxes below: \$100,000 in both of the e paid by farmer index a rty level for a family of	dual qualities. <i>t gender).</i> previous 2 years. Far s compacted by Nation 4, or less than 50
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PART C – C 5. I certif AND: AND: PART D – C 6. I certif X X PENALTY Evidence th provides the	<ul> <li>prejudice because of their identity as members of a Food. Agriculture, Conservation and Trade Act of CERTIFICATION OF LIMITED RESOURCE FARMER OR by that the following statements are true by checking. My/our gross direct and indirect farm sales were negates limit is subject to change to adjust for inflation. Agricultural Statistics Service (NASS).</li> <li>My/our total household income is at or below the method income in bot annually using Commerce Department data. A limited resource farmer or rancher status may be Resource Farmer and Rancher Online Self-Determ. CERTIFICATION OF BEGINNING FARMER OR RANGHE by that the following statements are true by checking a. I (or if applicable, the entity or joint operation) is b. I (or if applicable, the entity or joint operation) is a statement of the statement of the entity or joint operation) is a statement of the statement of the entity or joint operation.</li> </ul>	a group withou 1990 (inclual <b>RANCHER</b> <b>The appropr</b> ot more than on using price hational pove the previou <i>e determined</i> <i>ination Tool</i> <b>R</b> <b>the appropr</b> have not open substantially began farmin < records, accord	but regard to their individual regard to their individual regard to their individual regard to their individual regard to the regard by the term index a set of term index a set o	dual qualities. <i>t gender)</i> . previous 2 years. Far s compacted by Nation 4, or less than 50 ls are determined <i>tr USDA Limited</i> <i>rftool.sc.egov.usda.go</i> more than 10 years. ttion. V2007 <i>uh/Year</i> ) her documentation that
PART C – C 5. I certif AND: AND: PART D – C 6. I certif X Evidence th provides the was made.	prejudice because of their identity as members of a <i>Food, Agriculture, Conservation and Trade Act of</i> <b>CERTIFICATION OF LIMITED RESOURCE FARMER OR</b> <i>Wy that the following statements are true by checking</i> My/our gross direct and indirect farm sales were not sales limit is subject to change to adjust for inflation Agricultural Statistics Service (NASS). My/our total household income is at or below the meta percent of county median household income in bot annually using Commerce Department data. <i>A limited resource farmer or rancher status may bo</i> <i>Resource Farmer and Rancher Online Self-Determ</i> <b>CERTIFICATION OF BEGINNING FARMER OR RANCHE</b> <i>y that the following statements are true by checking</i> a. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I EFOR FALSE CERTIFICATION: Intermation required to validate certification may include tax a information required. The penalty for false certification is	a group withou 1990 (incluate <b>RANCHER</b> <b>the appropr</b> ot more than on using price hational pove the previou <i>e determined</i> <i>mation Tool</i> <b>R</b> <b>the appropr</b> have not open substantially began farmin c records, accoss s loss of all ber	but regard to their individual regard to their individual regard to their individual regard to their individual regard to the regard by the term index a set of term index a set o	dual qualities. <i>t gender</i> ). previous 2 years. Far s compacted by Nation 4, or less than 50 ls are determined <i>tr USDA Limited</i> <i>rftool.sc.egov.usda.go</i> more than 10 years. tion. <i>V</i> 2007 <i>nth/Year</i> ) her documentation that hich the false certificatio
5. I certif	prejudice because of their identity as members of a Food, Agriculture, Conservation and Trade Act of CERTIFICATION OF LIMITED RESOURCE FARMER OR by that the following statements are true by checking My/our gross direct and indirect farm sales were not sales limit is subject to change to adjust for inflation Agricultural Statistics Service (NASS). My/our total household income is at or below the meta percent of county median household income in bot annually using Commerce Department data. A limited resource farmer or rancher status may be Resource Farmer and Rancher Online Self-Determ. CERTIFICATION OF BEGINNING FARMER OR RANCHER by that the following statements are true by checking a. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I c. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I b. I (or if applicable, the entity or joint operation) I that may be required to validate certification may include taxe information required. The penalty for false certification is ant's Signature (By) 7B. Title/Rela	a group withou 1990 (incluate <b>RANCHER</b> <b>the appropr</b> ot more than on using price hational pove the previou <i>e determined</i> <i>mation Tool</i> <b>R</b> <b>the appropr</b> have not open substantially began farmin c records, accoss s loss of all ber	but regard to their individual signing in web site of the operation of th	dual qualities. <i>t gender)</i> . previous 2 years. Far s compacted by Nation 4, or less than 50 ls are determined <i>tr USDA Limited</i> <i>rftool.sc.egov.usda.go</i> more than 10 years. ttion. V2007 <i>uh/Year</i> ) her documentation that

#### **D** Example of FSA-217 (Continued)

\*\_\_

FSA-217 (01-20-10)	Page 2
Definitions:	
A. Socially Disadvantaged Farmer or Rancher (2003 Act-Includes Gender):	
A <u>socially disadvantaged farmer or rancher</u> is a farmer or rancher who is a member of a group whose members have racial, ethnic, or gender prejudice because of their identity as members of a group without regard to their individual include: American Indians or Alaskan Natives, Asians or Asian Americans, Blacks or African Americans, Native F Pacific Islanders, Hispanics, and gender.	qualities. Groups
<i>Note:</i> This definition, which includes gender as a prejudice, is applicable to only Direct and Counter-Cyclical Pays (DCP) or Average Crop Revenue Election Program (ACRE).	ment Program
B. Socially Disadvantaged Farmer or Rancher (1990 Act – Excludes Gender):	
A <u>socially disadvantaged farmer or rancher</u> is a farmer or rancher who is a member of a group whose members have racial or ethnic prejudice because of their identity as members of a group without regard to their individual qualities American Indians or Alaskan Natives, Asians or Asian Americans, Blacks or African Americans, Native Hawaiians Islanders, and Hispanics.	s. Groups include:
<i>Note:</i> This definition is applicable to all programs except Direct and Counter-Cyclical Payment Program (DCP) Revenue Election Program (ACRE).	or Average Crop
C. Limited Resource Farmer or Rancher:	
A limited resource farmer or rancher is a farmer or rancher that meets the criteria for both of the following:	
The farmer or rancher directly or indirectly has gross farm sales not more than \$100,000 in both of the prevince as starting in FY 2004 to adjust for inflation using price paid by farmer index as compacted by NAS	
<ul> <li>The farmer or rancher has a total household income at or below the national poverty level for a family of 4</li> <li>percent of county median household income in both the previous 2 years, to be determined annually using Department data.</li> </ul>	
A limited resource farmer or rancher status may be determined by using the web site for USDA Limited Resource F Online Self-determination Tool located at <u>http://www.lrftol.sc.egov.usda.gov/</u>	armer and Rancher
D. Beginning Farmer or Rancher:	
A <u>beginning farmer or rancher</u> is an individual or entity for which both of the following are true;	
• The farmer or rancher or entity or joint operation has not operated a farm or ranch for more than 10 years.	
• The farmer or rancher substantially participates in the operation.	
Note. If a legal entity requests to be considered a "socially disadvantaged", "limited resource", or "beginn	ning" farmer or
rancher, at least 50 percent of the persons in the entity must in their individual capacities meet the c	
provided on this form. Farmer or rancher includes: "owners", "operators" and "other producers".           Note:         The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for pro- information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernm been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary, the requested information will result in a determination of ineligibility for program benefits.	gram benefits. The nental entities that have of Records Notice for
This information collection is exempted from the Paperwork Reduction Act as it is required for the administration of the Food, Conservation (see Pub. L. 110-246, Title I, Subtitle F-Administration). The provisions of criminal and civil fraud, privacy and other statutes may be applic provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.	cable to the information
The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternati communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDL	or part of an individual's ive means for
To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Indepen S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Fede 6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.	
	*

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#### **Reports, Forms, Abbreviations, and Redelegations of Authority**

#### Reports

None

#### Forms

This table lists all forms referenced in this handbook.

Number	Title	Display Reference	Reference
AD-1026	Highly Erodible Land Conservation (HELC) and		750, 753
	Wetland Conservation (WC) Certification		
AD-2017	Service Center Information Management System	Ex. 11.4	141, Ex. 2
	(SCIMS) Access Form		
AD-2047	Customer Data Worksheet Request for SCIMS	198	
	Record Change (For Internal Use Only)		
CCC-10	Representations for Commodity Credit Corporation		177
	or Farm Service Agency Loans and Authorization to		
	File a Financing Statement and Related Documents		
CCC-36	Assignment of Payment		211, 934
CCC-37	Joint Payment Authorization		211, 934
CCC-64	Surety Bond (Minor)	677	
CCC-184 <u>1</u> /	CCC Check		679, 779
CCC-501A	Member's Information		753
CCC-502	Farm Operating Plan for Payment Eligibility Review		753
CCC-509	Direct and Counter-Cyclical Program Contract		709, 710
CCC-526	Payment Eligibility Average Adjusted Gross Income		72, 753,
	Certification		Ex. 51
CCC-605	Designation of Agent - Cotton		728, 731,
			Ex. 51
CCC-901	Members Information 2009 and Subsequent Years		707-711,
			713,
			Ex. 51
CCC-902E	Farm Operating Plan for an Entity 2009 and		707-711,
	Subsequent Program Years		713,
			Ex. 51
CCC-1099-G	Report of Payments to Producers		276
CRP-1	Conservation Reserve Program Contract		211

 $\underline{1}$ / CCC-184 is obsolete.

#### Reports, Forms, Abbreviations, and Redelegations of Authority (Continued)

#### Forms (Continued)

Number	Title	Display Reference	Reference
FFAS-12	Electronic Funds Transfer (EFT) Hardship Waiver Request		728
FSA-155	Request for Farm Reconstitution		Ex. 51
FSA-179	Transfer of Farm Records Between Counties		Ex. 51
FSA-211	Power of Attorney	Ex. 60	Part 25, 178, 709, Ex. 2, 51
FSA-211-1 <u>1</u> /	Power of Attorney for Husband and Wife		728
FSA-211A	Power of Attorney Signature Continuation Sheet	Ex. 60	707, 728
FSA-217	Socially Disadvantaged, Limited Resource and Beginning Farmer or Rancher Certification	950	
FSA-325	Application for Payment of Amounts Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent	779	
FSA-570	Waiver of Eligibility for Emergency Assistance	802	801
FSA-2001	Request for Direct Loan Assistance		177
FSA-2301	Request For Youth Loan		177
I-151	Alien Registration Receipt Card		178,932
I-551	Alien Registration Receipt Card		178,932
IRS 1099- MISC	Miscellaneous Income		122
SF-256	Self-Identification of Handicap	Ex. 13	179
SF-1055	Claim Against the United States for Amounts Due in the Case of a Deceased Creditor	780	
SF-1199A	Direct Deposit Sign-Up Form		728
SF-3881	ACH Vendor/Miscellaneous Payment Enrollment Form		728
UCC-1	UCC Financing Statement		681
UCC-1F	Effective Financing Statement		681
W-7	Application for IRS Individual Taxpayer Identification Number		127

 $\underline{1}$ / FSA-211-1 is obsolete.

#### Reports, Forms, Abbreviations, and Redelegations of Authority (Continued)

#### Abbreviations Not Listed in Exhibit 102

Approved		D. 4
Abbreviation	Term	Reference
APO	Army Post Office	179, 932
CY	current year	208, 212
DBA	doing business as	177
e-FC	electronic funds control	20
EIN	employer ID number	121, 122, 178.5, 178.6,
		178.7, 178.8, Ex. 11
FRS	Farm Records Management System	752
FSRIA	Farm Security and Rural Investment Act of 2002	106, 107
HC	highway content	179
IE	Internet Explorer	141
LLC	Limited Liability Company	121, 122, 177, 178, 178.6
MQ	Marketing Quota	208, 209
NSCP	Naval Stores Conservation Program	779, 918
ОТ	other producer	197
PYBC	Prior Year Business Code	141, Ex. 11.4
RR	rural route	179, 208

The following abbreviations are not listed in Exhibit 102.

#### **Redelegations of Authority**

This table lists redelegations of authority in this handbook.

Redelegation	Reference
Authority to act for entities may be redelegated by the representative by	730
filing FSA-211 for an agent to perform for the trust or estate.	

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#### **Definitions of Terms Used in This Handbook**

#### Administrator

An <u>administrator</u> is an individual appointed by the court to administer the assets and liabilities of the deceased.

#### Agent

An <u>agent</u> is an individual authorized by the producer to act for him or her using his or her own discretion to transact business for the producer.

#### Affidavit

An <u>affidavit</u> is a written declaration or statement of facts confirmed by the oath or affirmation of the party making the declaration or statement of fact.

**Note:** It is not an instrument that is used to convey authority upon an individual or entity, which is the reason why it was no longer considered as acceptable evidence for signature authority as of July 20, 2004. Affidavits filed after July 18, 2001, must be witnessed by an FSA employee or notarized to be considered acceptable.

#### **Authorized User**

<u>Authorized user means USDA Service Center employees who have been certified to have</u> received sufficient training commensurate with their requested role in the use of SCIMS on AD-2017 by their respective agency's State or County SCIMS Security Officer and have been processed through FSA security operations by their respective agency's State SCIMS Security Officer.

#### **Beginning Farmer or Rancher**

A <u>beginning farmer or rancher</u> is an individual or entity for which **both** of the following are true:

- the farmer or rancher or entity has **not** operated a farm or ranch for more than 10 years
- the farmer or rancher substantially participates in the operation.
- \*--Note: If a legal entity requests to be considered a "beginning" farmer or rancher, at least 50 percent of the persons in the entity must in their individual capacities meet the definition.--\*

#### Conservator

A <u>conservator</u> is an individual appointed by the court to manage the affairs of an incompetent.

#### **Definitions of Terms Used in This Handbook (Continued)**

#### County

The term <u>county</u> means:

- any county, parish, or administrative unit equivalent to a county
- any price support cooperative approved by the Policy and Procedure Branch, PSD.

#### **Customer Core Data**

<u>Customer core data</u> means name and address data that has been determined to be used by at least 2 of the agencies in the Service Center.

#### Executor

An <u>executor</u> is an individual named in the deceased's will to administer assets and liabilities of the estate.

#### **Facsimile Signature**

A <u>facsimile signature</u> is an approved copy or reproduction of an original signature, such as a rubber stamp.

#### **FAXed Signature**

A <u>FAXed signature</u> is a signature received on forms and documents through telefacsimile transmission through a FAX machine.

#### **Foreign Entity**

A <u>foreign entity</u> is a corporation, trust, estate, or other similar organization, that has more than 10 percent of its beneficial interest held by individuals who are not:

- citizens of the United States
- lawful aliens possessing a valid Alien Registration Receipt Card (Form I-551 or I-151).

#### Guardian

A guardian is an individual who legally is responsible for the care of a minor, estate, or both.

#### **Definitions of Terms Used in This Handbook (Continued)**

#### Limited Resource Farmer or Rancher

A <u>limited resource farmer or rancher</u> is a farmer or rancher that meets the criteria for **both** of the following:

- the farmer or rancher directly or indirectly has gross farm sales not more than \$100,000 in both of the previous 2 years to be increased starting in FY 2004 to adjust for inflation using price paid by farmer index as compacted by NASS
- the farmer or rancher has a total household income at or below the national poverty level for a family of 4, or less than 50 percent of county median household income in both the previous 2 years, to be determined annually using Commerce Department data.

A limited resource farmer or rancher status may be determined by using the web site for USDA Limited Resource Farmer and Rancher Online Self Determination Tool located at **http://www.lrftool.sc.egov.usda.gov**/.

\*--Note: If a legal entity requests to be considered a "limited resource" farmer or rancher, at least 50 percent of the persons in the entity must in their individual capacities meet the definition.--\*

#### Linkage

<u>Linkage</u> is a requirement that producers obtain at least the catastrophic level of insurance for each crop of economic significance grown on each farm in the county in which the producer has an interest, if insurance is available in the county for the crop, to be eligible for certain USDA benefits.

#### Manager

A <u>manager</u> is an individual chosen or appointed to manage, direct, and administer the affairs of another individual corporation.

#### **Power of Attorney**

A <u>power of attorney</u> is either of the following:

- any legal form determined acceptable by the regional attorney
- FSA-211 (includes FSA-211A).

#### Resolution

A <u>resolution</u> is a determination of policy of a corporation by the vote of its board of directors bearing the signature(s) of the corporate secretary and/or other authorized officers, as applicable.

#### Definitions of Terms Used in This Handbook (Continued)

#### **Scanned Signature**

A <u>scanned signature</u> is a signature received on forms and documents which have been electronically scanned and submitted to Service Center via an attachment to an e-mail or the Internet.

#### Socially Disadvantaged Farmer or Rancher Except DCP

A <u>socially disadvantaged farmer or rancher except DCP</u>, is a farmer or rancher who is a member of a group whose members have been subject to racial or ethnic prejudice because of their \*--identity as members of a group without regard to their individual qualities. Groups include American Indians or Alaskan Natives, Asians or Asian Americans, Blacks or African Americans, Native Hawaiians or other Pacific Islanders, and Hispanics.--\*

**Note:** This definition is applicable to all programs **except** DCP.

#### Socially Disadvantaged Farmer or Rancher for DCP

A <u>socially disadvantaged farmer or rancher for DCP</u>, is a farmer or rancher who is a member of a group whose members have been subject to racial, ethnic, or **gender** prejudice because of their \*--identity as members of a group without regard to their individual qualities. Groups include American Indians or Alaskan Natives, Asians or Asian Americans, Blacks or African Americans, Native Hawaiians or other Pacific Islanders, Hispanics, and gender.

Notes: This definition, which includes gender as a prejudice, is applicable to only DCP.

If a legal entity requests to be considered a "socially disadvantaged" farmer or rancher, at least 50 percent of the persons in the entity must in their individual capacities meet the definition.--\*

#### Trustee

A t<u>rustee</u> is an appointed individual entrusted with another's property, such as in bankruptcy cases.

#### Menu and Screen Index

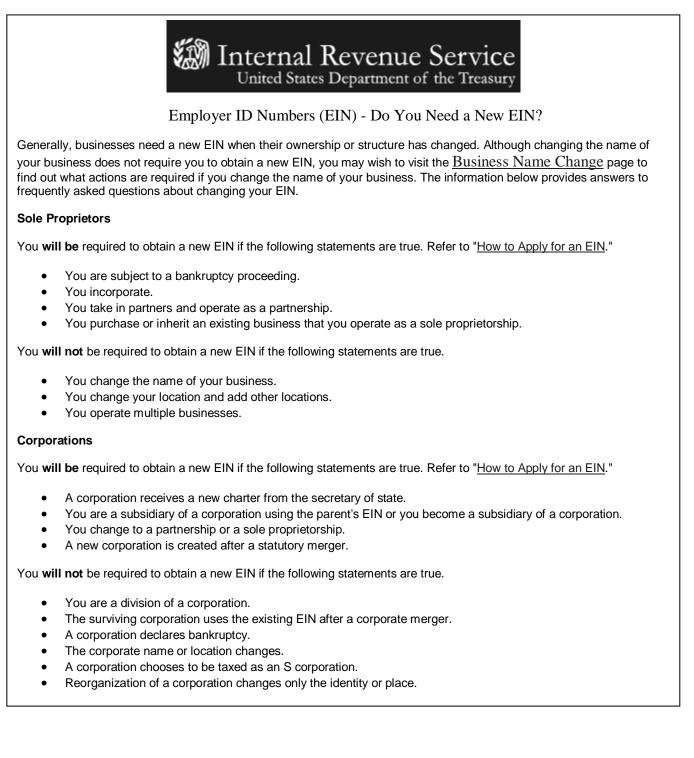
The following menus and screens are displayed in this handbook.

Menu or Screen	Title	Principal Reference
	Customize Fiduciary Relationships Report Screen	772
	Exit FSA Power of Attorney Screen	765
	Fiduciary Relationships Home Page	761
	Fiduciary Relationships Report - Custom Report Screen	772
	Fiduciary Relationships Report - Default Report Screen	772
	Fiduciary Relationships Report Screen	765, 768, 770-773
	FSA Applications	141
	FSA Power of Attorney - Verify Signature Screen	765
	FSA Power of Attorney Detail Screen	765, 770
	FSA, NRCS and CCC Programs and Transactions Screen	766
	Insured Crops and Transactions Screen	767
	Non-FSA Power of Attorney Detail Screen	768
	Record Conservatorship Preview Screen	763
	Record Conservatorship Screen	763
	Record Deceased Producer Preview Screen	762
	Record Deceased Producer Screen	762
	Record FSA Power of Attorney Preview Screen	765
	Record FSA Power of Attorney Screen	765
	Record Minor Child and Parent/Guardian Preview Screen	764
	Record Minor Child and Parent/Guardian Screen	764
	Record Non-FSA Power of Attorney Preview Screen	768
	Record Non-FSA Power of Attorney Screen	768
	Record Spousal Signature Authority	769
	Save FSA Power of Attorney Screen	765
	SCIMS Add A New Individual Customer Screen	177
	SCIMS Add Business Customer Screen	178
	SCIMS Customer Information Screen	177
	SCIMS Customer Search Page	141, 155, 175
	SCIMS Customer Search Results Add a New Customer Screen	176
	Search Fiduciary Relationships Screen	770
	Submit Conservatorship Screen	763
	Submit Deceased Producer Screen	762
	Submit FSA Power of Attorney Screen	765
	Submit Guardianship Screen	764
	Submit Non-FSA Power of Attorney Screen	768
	Terminated Agreements	763
	Terminated Agreements Screen	762
	Update Fiduciary Relationships Screen	771
	Update Minor Child and Parent/Guardian Screen	771

Menu or		Principal
Screen	Title	Reference
	USDA eAuthentication Login	141, 761
	USDA eAuthentication No Access Screen	141
	USDA eAuthentication Warning Screen	141, 761
MAA10001	County Data Table Maintenance Screen	23
MAA10005	County Data Table Maintenance Screen	26
MAA10501	County Data Table Maintenance Screen	24
MAA11002	County Data Table Maintenance Screen	26
MAA25002	Direct Payment Crop Table Screen	106
MAA25502	Counter-Cyclical Crop Table Screen	107
MAB09401	COC/LAA Change Screen	305
MAB09601	Producer Name and Address - Elections Screen	305
MAB100	Name/Address Report Menu	291
MAB35203	Fiduciary Record	763
MAB35302	Producer List of Farms	762
MAB35303	Fiduciary Board	762
MAB35304	Fiduciary ID Listing	762
MAC000	Facility Selection Menu	931
MAC01102	Facility Display Screen	933
MAC01202	Facility Change Screen	934
MAC01302	Facility Add Screen	932
MAC01401	Facility Delete Screen	935
MAC01601	Facility Reactivate Screen	937
MAC01701	Supplemental Data Screen	933, 934
MAC02001	Name and Address Maintenance Screen	936
MACI00	Name/Address Selection Menu	142
MACI1001	Producer Selection Screen	207
MACI2001	Individual Basic Data Screen	208
MACI2501	Supplemental Data Screen	209
MACI3001	Additional Supplemental Data Screen	210
MACI3501	Application Use Flags Screen	211
MACI4001	Spouse Basic Data Screen	212
MACI6001	Record Update Screen	211
MACR01-01	Common Routine To Select ID Number	761
MACS0301	Facility Name and Address Screen	931

#### **IRS Information About Employer ID Numbers**

Following is additional information from IRS about employer ID numbers.



#### **IRS Information About Employer ID Numbers (Continued)**

#### Partnerships

\*\_\_

You will be required to obtain a new EIN if the following statements are true. Refer to "How to Apply for an EIN."

- You incorporate.
- Your partnership is taken over by one of the partners and is operated as a sole proprietorship.
- You end an old partnership and begin a new one.

You will not be required to obtain a new EIN if the following statements are true.

- The partnership declares bankruptcy
- The partnership name changes.
- You change the location of the partnership or add other locations.
- A new partnership is formed as a result of the termination of partnership under IRC section 708(b)(1)(B).
- 50 percent or more of the ownership (measured by interests in capital and profits) changes hands within a 12-month period (terminated partnerships under Reg. 301.6109-1).

#### Estates

You will be required to obtain a new EIN if the following statements are true. Refer to "How to Apply for an EIN."

- A trust is created with funds from the estate (not simply a continuation of the estate).
- You represent an estate that operates a business after the owner's death.

You will not be required to obtain a new EIN if the following statement is true.

• The administrator, personal representative, or executor changes his/her name or address.

#### Trusts

You will be required to obtain a new EIN if the following statements are true. Refer to "How to Apply for an EIN."

- One person is the grantor/maker of many trusts.
- A trust changes to an estate.
- A living or intervivos trust changes to a testamentary trust.
- A living trust terminates by distributing its property to a residual trust.

You **will not** be required to obtain a new EIN if the following statements are true.

- The trustee changes.
- The grantor or beneficiary changes his/her name or address.

#### Additional Resources

- <u>Publication 334</u>, Tax Guide for Small Business
- <u>Publication 15</u>, Circular E, Employers Tax Guide
- <u>Publication 15-A</u>, Employer's Supplemental Tax Guide
- Publication 542, Corporations
- Publication 541, Partnerships
- <u>Publication 950</u>, Introduction to Estate and Gift Tax
- Publication 559, Survivors, Executors and Administrators

### Note: See http://www.irs.gov/businesses/small/article/0,,id=98011,00.html for additional information.--\*

#### **Recording Business Types**

#### A Business Type Name

The "Business Type" field is used to record types of operations when entering or modifying a customer in SCIMS. \*\*\*

SCIMS			
<b>Business Type</b>	* * *	Use	
General Partnership	* * *	To record a joint operation in which each partner is	
		personally liable for all the partnership's debts.	
Joint Venture	* * *	To record a joint operation that is not a legal partnership	
		other entity.	
		<b>Note:</b> The operation must consist of 2 or more individuals	
		or entities that pool their resources, such as land,	
		labor, capital, and equipment to conduct the	
		operation.	
Corporation	* * *	To record a corporation with stockholders.	
Limited Liability	* * *	To record a limited liability company/corporation.	
Company			
		* * *	
Limited	* * *	To record a limited partnership. A limited partnership	
Partnership,		must consist of at least 1 general partner and 1 or more	
Limited Liability		limited partners.	
Partnership,			
Limited Liability		• The general partner shall be personally liable for all	
Limited Partnership		debts of the limited partnership.	
		• The limited partner's liability is generally limited to the extent of the investment or contribution to the assets of the partnership.	

#### **Recording Business Types (Continued)**

#### A Business Type Name (Continued)

SCIMS			
<b>Business Type</b>	* * *	Use	
Estate	* * *	To record an estate.	
Trust - Revocable	* * *	To record a revocable trust with an employer ID number.	
		• A trust is considered revocable, if 1 of the following applies:	
		• the trust may be terminated by the grantors	
		• the trust may be modified by the grantors	
		• the trust reverts to the grantors after a specific time period.	
		• If a revocable trust does not provide a separate ID number from the grantor, and the grantor is 100 percent income beneficiary:	
		• payments for the trust will not be identified separately from the grantor	
		• payments shall be made using the ID number and ID type recorded in the name and address file for the grantor	
		• the revocable trust is not entered in the entity file.	
Federal Owned	* * *	To record a Federal Agency ID number, except for the Federally-assigned BIA number.	

# **Recording Business Types (Continued)**

# A Business Type Name (Continued)

SCIMS	de de de		
Business Type	* * *	Use	
State and Local	* * *	To record a State-owned, city-owned, or county-owned	
Government		entity, except for State-owned, city-owned, or	
		county-owned public school lands that are exempt from	
		payment limitation according to 1-PL.	
Churches,	* * *	To record fraternal or religious organizations, clubs,	
Charities, and		societies, and other associations according to 1-PL.	
Non-Profit			
Organizations			
Public School	* * *	To record an employer ID number to identify payments	
		that are exempt from payment limitation according to 1-PL	
		that are made to:	
		• public schools for land that is owned by a public school district	
		• State for State-owned lands used to maintain a public school.	
		A separate ID number shall be required if a public school earns payments on both land that is:	
		<ul> <li>exempt from payment limitation according to 1-PL</li> <li>* *</li> </ul>	
		• nonexempt from payment limitation according to 1-PL ***.	

# **Recording Business Types (Continued)**

# A Business Type Name (Continued)

SCIMS			
<b>Business Type</b>	Use		
BIA	To record BIA.		
Indian Represented by BIA	To record an individual Indian who is represented by BIA.		
Trust - Irrevocable	To record a trust that:		
	<ul> <li>may not be terminated by the grantor</li> </ul>		
	• may not be modified by the grantor		
	• does not revert to the grantor after a specific time period.		
Individuals Operating As a	To record an individual with an employer ID number.		
Small Business			
	Note: Record producer's Social Security number and EIN in the		
	combined producer file according to 2-PL.		
* * *	* * *		
Indian Tribal Venture	To record Indian tribal ventures.		
General Entity Member	To record the members of a general entity.		
Financial Institution	To record banks and other financial institutions.		
News Media	To record news media (newspaper, radio, television, etc.)		
* * *	* * *		
Public Body	(for FLP use only)		
Other	To add peanut associations, peanut warehouses, peanut handlers,		
	peanut buying points, tobacco auctions, cotton buyers, food, feed,		
	and seed facilities, fertilizer facilities, other agri-businesses, and		
	other FSA County Offices.		

# **Completing AD-2017**

# A Instructions for Completing AD-2017

Complete AD-2017 according to this table.

Item	Instructions
1	Enter the date that access is requested.
2	Enter the employee's name.
3	Enter the employee's eAuthentication user ID.
4	Enter the State name.
5	Enter the county name.
6	Enter the OIP code.
Ū	
	<b>Note:</b> OIP codes are available at <b>http://intranet.fsa.usda.gov/fsa/</b> . Under "Forms, Publications, and Supplies", CLICK "State/County Name & Address List".
7	Enter a checkmark for the type of employee, as applicable.
	<b>Note:</b> SCIMS access for temporary or non-USDA employees must be approved by the National SCIMS Security Office according to subparagraph 141 A.
8	Enter a checkmark for the applicable agency.
9	Enter a checkmark for the type of access requested.
	*Notes: Requests for access to SCIMS shall be <b>FAXed</b> to FSA Security Operations at <b>816-627-0687</b> *
	AD-2017 shall also be used to submit requests for PYBC changes. PYBC change requests shall be FAXed to the Common Provisions Branch Chief at 202-720-0051.
	These requests shall <b>not</b> be FAXed to FSA Security Operations.
10	Enter a checkmark for the requested action, as applicable.
11	Read "Certification by Employee" before completing items 12A and 12B.
11A	The requesting employee shall sign.
11B	Enter date of signature.
12	Read "Certification by SCIMS Security Officer" before completing items 13A through 13D.
12A	SCIMS Security Officer shall sign.
12B	Enter date of signature.
12C	Concurring State Security Liaison Representative shall sign.
12D	Enter date of signature.
13	Enter any pertinent remarks.
14A	Common Provisions Branch Chief shall sign.
	<b>Note:</b> PYBC requests will be approved or disapproved by the Common Provisions Branch Chief in item 14B. The requestor will be notified by e-mail of action taken.
14B	Common Provisions Branch Chief shall approve or disapprove.
14C	Enter date of signature.
15	Read "Renovation by SCIMS Security Officer" before completing items 15A and 15B.
15A	SCIMS Security Officer shall sign.
15B	Enter date access to SCIMS is revoked.
	<b>Note:</b> Requests for revocation of access to SCIMS shall be FAXed to FSA Security Operations at 816-627-0687.

## **Completing AD-2017 (Continued)**

# **B** Example of AD-2017

The following is a completed example of AD-2017.

is form is available electronically. D-2017 U.S. DEPARTMENT OF A	AGRICULTURF		1	Request Date (MM-DD-YYYY)
D5-14-08) SERVICE CENTER INFORMATION MANAGEMENT				
SYSTEM (SCIMS) ACCESS FORM				04/22/2008
ART A - INSTRUCTIONS: State SCIMS Secur operation access to SCIMS for their responsit		es. Please co	mplete a separa	te form for each employee.
Employee Name (Last, First, MI)		3. Employee's e/	Authentication User I	D
Hunt, Christian A.			chris.h	unt
State Name West Virginia		5. County Name	Jeffers	son
Office Information Profile (OIP) Code	7. Type of Em	ployee (Check on	e below:)	8. Agency (Check one below:)
	Perma	nent Federal		X FSA
	X Perma	nent County Office	9	NRCS
66673		rary Federal		
				Other (Specify below):
		rary County Office		
	Other (	Specify):		_
Type of Access Requested (Check one below:)         X         Full Access (Employee complete Items 11A and 11)	(B)		10. Requested Act	on
	,u		X Add	
View Only Access Prior Year Business Code (PYBC) Changes (WDC	Approval Poquir	in di	Delete	
PYBC requests shall be FAXed to the Common i	Provisions Brai	nch Chief at	Modify	,
202-720-0051. These requests shall not be FAX	ed to FSA Secu	rity Operations.)		
<ol> <li>Certification by Employee</li> <li>By signing this form, I certify that I have received SCIMS database. I understand that proper use op</li> </ol>	f the database	and the conseq	uences of accessir	g and making changes to
<ol> <li>Certification by Employee By signing this form, I certify that I have received SCIMS database. I understand that proper use of customer's core data. I certify that I will use the of my position with the United States Department (A. Employee's Signature         </li> </ol>	f the database database only	and the conseq for conducting	uences of accessir	ng and making changes to nt business as a necessary part 11B. Date (MM-DD-YYYY)
<ol> <li>Certification by Employee By signing this form, I certify that I have received SCIMS database. I understand that proper use of customer's core data. I certify that I will use the of my position with the United States Department A. Employee's Signature /s/ Christian A. Hunt         </li> </ol>	f the database database only	and the conseq for conducting	uences of accessir	ng and making changes to nt business as a necessary part
<ol> <li>Certification by Employee By signing this form, I certify that I have received SCIMS database. I understand that proper use of customer's core data. I certify that I will use the of my position with the United States Department IA. Employee's Signature /s/ Christian A. Hunt Certification by SCIMS Security Officer As State or County SCIMS Security Officer, I cert SCIMS database. By signing this form, I have gr         official USDA business.         </li> </ol>	f the database database only t of Agriculturd tify that the ab	and the conseq for conducting 2.	uences of accessir USDA Governme as received suffic	ng and making changes to nt business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 ient training on the use of the sthe SCIMS database to conduct 12B. Date (MM-DD-YYYY)
<ol> <li>Certification by Employee By signing this form, I certify that I have received SCIMS database. I understand that proper use oj customer's core data. I certify that I will use the a of my position with the United States Department A. Employee's Signature /s/ Christian A. Hunt Certification by SCIMS Security Officer As State or County SCIMS Security Officer, I cert SCIMS database. By signing this form, I have gr official USDA business. Can SCIMS Security Officer's Signature /s/ Leanne Dilsworth         </li> </ol>	f the database database only t of Agriculturd tify that the ab	and the conseq for conducting 2.	uences of accessir USDA Governme as received suffic	ng and making changes to nt business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 ient training on the use of the s the SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008
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SCIMS database. I understand that proper use of customer's core data. I certify that I will use the of my position with the United States Department         1A. Employee's Signature /s/ Christian A. Hunt         2. Certification by SCIMS Security Officer         As State or County SCIMS Security Officer, I cer. SCIMS database. By signing this form, I have gr official USDA business.         2A. SCIMS Security Officer's Signature /s/ Leanne Dilsworth         2C. State Security Lialson Representative's Concurrence	f the database database only t of Agriculture tify that the al canted this USI	and the conseq for conducting 2. Dove employee h DA employee pe	nences of accessir USDA Governme as received suffic rmission to acces	ng and making changes to nt business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 ient training on the use of the sthe SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY) 04/23/2008
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A. Certification by Employee     By signing this form, I certify that I have received.     SCIMS database. I understand that proper use oj     customer's core data. I certify that I will use the i     of my position with the United States Department     A. Employee's Signature     /s/ Christian A. Hunt     Certification by SCIMS Security Officer     As State or County SCIMS Security Officer, I cert     SCIMS database. By signing this form, I have gr     official USDA business.     SCIMS Security Difficer's Signature     /s/ Leanne Dilsworth     Cestate Security Liaison Representative's Concurrence     /s/ Jerry Pugh     S. Remarks:	f the database database only t of Agriculture tify that the al canted this USI	and the conseq for conducting 2. Dove employee h DA employee pe	nences of accessir USDA Governme as received suffic rmission to acces	ng and making changes to nt business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 ient training on the use of the sthe SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY) 04/23/2008
A. Certification by Employee     By signing this form, I certify that I have received     SCIMS database. I understand that proper use oj     customer's core data. I certify that I will use the o     of my position with the United States Department     A. Employee's Signature     /s/ Christian A. Hunt     Certification by SCIMS Security Officer     As State or County SCIMS Security Officer, I cert     SCIMS database. By signing this form, I have gr     official USDA business.     A. SCIMS Security Officer's Signature     /s/ Leanne Dilsworth     Certate Security Liaison Representative's Concurrence     /s/ Jerry Pugh     Remarks:     A. Signature of Common Provisions Branch Chief.     (Complete only if Item 9, PYBC is checked.)     ART C - REVOCATION OF AUTHORITY	f the database database only t of Agriculture tify that the al canted this USI	and the conseq for conducting 2. Dove employee h DA employee pe	nences of accessir USDA Governme as received suffic rmission to acces	ng and making changes to nt business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 ient training on the use of the sthe SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY) 04/23/2008
<ol> <li>Certification by Employee         By signing this form, I certify that I have received         SCIMS database. I understand that proper use oj         customer's core data. I certify that I will use the a         of my position with the United States Department         [A. Employee's Signature         /s/ Christian A. Hunt         Certification by SCIMS Security Officer         As State or County SCIMS Security Officer, I cert         SCIMS database. By signing this form, I have gr         official USDA business.         SCIMS Security Concurrence         /s/ Leanne Dilsworth         [C. State Security Liaison Representative's Concurrence         /s/ Jerry Pugh         [A. Signature of Common Provisions Branch Chief.         [A. Signature of Common Provisions Pr</li></ol>	f the database database only t of Agriculture rtify that the al ranted this USI	and the conseq for conducting 2.	nences of accessir USDA Governme. as received suffic rmission to access nch Chief's Concurr Disapproved	ng and making changes to nt business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 ient training on the use of the sthe SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY) 04/23/2008

# **SCIMS Security Officers**

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## A National SCIMS Security Officers

Agency	Name
FSA	Sandy Bryant
NRCS	*Kent Matsutani*
RD	Vacant

# **B** State SCIMS Security Officers

State	Agency	Name
Alabama	FSA	Samuel L. Hall
Alabama	NRCS	*Zona Beaty*
Alabama	RD	Cynthia Smith
Alaska	FSA	Jimmy R. LaVoie
Alaska	NRCS	Philip B. Naegele
Alaska	RD	Robyn Martin
Arizona	FSA	Carla Hill
Arizona	NRCS	Vicky L. Bennett
Arizona	RD	Ron Walch
Arkansas	FSA	Sharon R. Baker
Arkansas	NRCS	*Dennis Mobley*
Arkansas	RD	Terrie Rose
California	FSA	Navdeep K. Dhillon
California	NRCS	Carmen De Jesus Ortiz
California	RD	Vacant
Colorado	FSA	*Luis Alonso*
Colorado	NRCS	Michael Wall
Colorado	RD	Vacant
Connecticut	FSA	Marilu R. Soileau
Connecticut	NRCS	Michelle Hendricks
Connecticut	RD	Richard A. Lavoie
Delaware	FSA	Robin L. Talley
Delaware	NRCS	Timothy Garrahan
Delaware	RD	Vacant
Florida	FSA	Elaine D. Truluck
Florida	NRCS	Jeff Werner
Florida	RD	Hilary Cook
Georgia	FSA	*Jennifer Carter*
Georgia	NRCS	Dot Harris
Georgia	RD	Craig Scroggs
Guam	NRCS	Barbara D. Aflague
Hawaii	FSA	Steve D. Peterson
Hawaii	RD	Clarice H. Osako

# **SCIMS Security Officers (Continued)**

# **B** State SCIMS Security Officers (Continued)

State	Agency	Name
Idaho	FSA	*Jeremy D. Nalder
Idaho	NRCS	Vacant*
Idaho	RD	Vacant
Illinois	FSA	Stanley W. Wilson
Illinois	NRCS	Paula Hingson
Illinois	RD	Denise A. Pubill
Indiana	FSA	Carl R. Schweikhardt
Indiana	NRCS	John Poenisch
Indiana	RD	Maetta Kellermeyer
Iowa	FSA	Bradley J. Murray
Iowa	NRCS	Roy Campbell
Iowa	RD	Kathy Deppe
Kansas	FSA	Terry L. Hawk
Kansas	NRCS	Chad Volkman
Kansas	RD	Brenda E. Aeillo
Kentucky	FSA	Brenda Johnson
Kentucky	NRCS	Christy Morgan
Kentucky	RD	Shirley Halcomb
Louisiana	FSA	T. Christine Normand
Louisiana	NRCS	Tim Landreneau
Louisiana	RD	Sheila Ford
Maine	FSA	*Darlene Soto*
Maine	NRCS	Susan Arrants
Maine	RD	Tammy Carter
Maryland	FSA	Vicky A. Coppage
Maryland	NRCS	Noni Lee-Buchanan
Maryland	RD	Vacant
Massachusetts	FSA	Noreen L. Vassallo
Massachusetts	NRCS	Jeffrey G. Anliker
Massachusetts	RD	Richard A. Lavoie
Michigan	FSA	Kelly D. Losey
Michigan	NRCS	*Monica R. Wymer*
Michigan	RD	Lynette McCarty
Minnesota	FSA	Lisa B. MacDonald
Minnesota	NRCS	Mike G. Pageler
Minnesota	RD	Lori Moore
Mississippi	FSA	Gary M. Morrison
Mississippi	NRCS	*Gregory W. Brinson*
Mississippi	RD	Cynthia White

# **SCIMS Security Officers (Continued)**

# **B** State SCIMS Security Officers (Continued)

State	Agency	Name
Missouri	FSA	*Mike Lafolette*
Missouri	NRCS	David Gruber
Missouri	RD	Dean Olson
Montana	FSA	*Regan Anderson*
Montana	NRCS	Dave Kascht
Montana	RD	Vacant
Nebraska	FSA	Michael L. Sander
Nebraska	NRCS	*Doug Wagner*
Nebraska	RD	Krista Stevens
Nevada	FSA	Debbie G. Goin
Nevada	NRCS	Rod Dahl
Nevada	RD	Vacant
New Hampshire	FSA	Linda L. Grames
New Hampshire	NRCS	*Priscilla L. Johnson*
New Hampshire	RD	Raymond B. Fredericks
New Jersey	FSA	Christopher K. Scheirer
New Jersey	NRCS	Nancy Paolini
New Jersey	RD	Vacant
New Mexico	FSA	Brandon M. Terrazas
New Mexico	NRCS	Linda Branch
New Mexico	RD	Brooke Bishop
New York	FSA	*Heather K. Grady
New York	NRCS	Dianna Power*
North Carolina	FSA	Cathy D. Moore
North Carolina	NRCS	Mike Sugg
North Carolina	RD	Neal Sherrod
North Dakota	FSA	*Bryan Olschlager*
North Dakota	NRCS	Tanya Riehl
North Dakota	RD	Vacant
Ohio	FSA	Richard L. Borland
Ohio	NRCS	*Jennifer Chen*
Ohio	RD	Vacant
Oklahoma	FSA	Tona J. Huggins
Oklahoma	RCS	Suzanne Collier
Oklahoma	RD	Jody Harris
Oregon	FSA	Anthony M. Meeuwsen
Oregon	NRCS	Danny Burgett
Oregon	RD	Faith Harris
Pacific Basin	NRCS	Kurencio Ngowakl
Pacific Islands, East	NRCS	*Barbara A. Fossum*

# **SCIMS Security Officers (Continued)**

# **B** State SCIMS Security Officers (Continued)

State	Agency	Name
Pennsylvania	FSA	Jackie M. Stonfer
Pennsylvania	NRCS	Lisa Walker
Pennsylvania	RD	Dane Bowerman
Puerto Rico	FSA	Edgar Maldonado
Puerto Rico	NRCS	*Edgar Diaz-Osuna*
Puerto Rico	RD	Jorge Lopez
Rhode Island	FSA	*Marilu R. Soileau*
Rhode Island	NRCS	Jackie Pashnik
Rhode Island	RD	Richard A. Lavoie
South Carolina	FSA	W. Riley Odum
South Carolina	NRCS	*Kellee Melton*
South Carolina	RD	Vacant
South Dakota	FSA	Allen R. Barton
South Dakota	NRCS	*Kim Brannen*
South Dakota	RD	Kay Daugherty
Tennessee	FSA	*Sally Martin*
Tennessee	NRCS	Grace Lutz
Tennessee	RD	Vacant
Texas	FSA	Christi A. Morris
Texas	NRCS	*Dexter Svetlik*
Texas	RD	Larry McDonald
Utah	FSA	Cary B. Son
Utah	NRCS	James Huggard
Utah	RD	Vacant
Vermont	FSA	Rachel Cadieux
Vermont	NRCS	*Kathryn Hakey*
Vermont	RD	Raymond B. Fredericks
Virginia	FSA	*Emily M. Horsley*
Virginia	NRCS	Rod Wood
Virginia	RD	Nancy A. Lewis
Washington	FSA	*Amy Paulson
Washington	NRCS	Cheryl K. Jacobson*
Washington	RD	James A. Wehrer
West Virginia	FSA	Leanne M. Dilsworth
West Virginia	NRCS	Bill O'Donnell
West Virginia	RD	Vacant
Wisconsin	FSA	*Barbara A. Quam*
Wisconsin	NRCS	Michelle Komiskey
Wisconsin	RD	Jolane Rankin
Wyoming	FSA	*Todd Even*
Wyoming	NRCS	Sharon Williams
Wyoming	RD	Mary A. Sessin
* * *	* * *	* * *

# **Conversion Chart**

During migration to SCIMS, certain name and address data is automatically converted to the SCIMS
format. Use this table to identify data that is converted during the migration process.

Current	SCIMS	SCIMS Conversion Comments	
AS/400 Field	Equivalent Field	IF the AS/400	THEN during migration, the data in the SCIMS field will be
ID Number	Tax Id	ID number field contains a permanent ID number	the same.
		ID number field contains a temporary ID number	converted to blank.
			<b>Note:</b> Temporary ID's will be maintained in the AS/400 only.
ID Type	Tax ID Type	ID type field contains an "S", "E", "I", or "F"	the same.
		ID type field contains a "T" (temporary)	converted to blank.
Last Name	Last Name	entity type field contains an "01" (individual)	the same.
		entity type field contains an entity type other than "01" (individual)	converted to blank.
			<b>Notes:</b> The AS/400 field will be converted to blank.
			The name will be reformatted as a business.
First Name	First Name	entity type field contains an "01" (individual)	the same.
		entity type field contains an entity type other than "01" (individual)	converted to blank.
			<b>Notes:</b> The AS/400 field will be converted to blank.
			The name will be reformatted as a business.

Continued on the next page

# **Conversion Chart (Continued)**

Current SCIMS		Conversion Comments		
AS/400 Field	SCIMS Equivalent Field	IF the AS/400	THEN during migration, the data in the SCIMS field will be	
Second Name	Middle Name	entity type field contains an "01" (individual)	the same.	
		entity type field contains an entity type other than "01" (individual)	converted to blank. <b>Notes:</b> The AS/400 field will be converted to blank. The name will be reformatted as a business.	
Suffix	Suffix	entity type field contains an "01" (individual) and the suffix field contains 1 of the following: "JR" "SR" "SR" "II" "II" "II" "II" "V" "V" "WD" "DDS" "DVM"	the same.	
		suffix field does not match 1 of the above	converted to blank. <b>Note:</b> The AS/400 field will be converted to blank.	
Prefix	Prefix	entity type field contains an "01" (individual) and the prefix field contains 1 of the following: • "MR" • "MRS" • "MS" • "MS" • "DR" • "REV"	the same.	
		prefix field does not match 1 of the above	converted to blank. <b>Note:</b> The AS/400 field will be converted to blank.	

# **Conversion Chart (Continued)**

Comment	SCIME	Conversion Comments					
Current AS/400 Field	SCIMS Equivalent Field	IF the AS/400	THEN during migration, the data in the SCIMS field will be				
Name Type	Business Type	name type field contains a "B" (business) and the entity type is equal to "01" (individual)	converted to entity type "00".				
		name type field contains a "B" (business) and the entity type is "14" (BIA/Indian Tribal Venture) and the ID number is not equal to 521176810	the same.				
		name type field contains a "B" (business) and the entity type is "14" (BIA/Indian Tribal Venture) and the ID number is equal to 521176810	converted to entity type "20".				
		name type field contains a "B" (business) and the entity type field contains an entity other than "01" or "14"	the same.				
Marital Status	Marital Status	marital status field contains a "1"	converted to "MA".				
		marital status field contains a "2"	converted to "LS".				
		marital status field contains a "3"	converted to "UN".				
None	Citizenship Country Code entity type field contains an "01" (individual) and the Non Resident- flag is equal to "Y" or the Resident flag is equal to "Y"		converted to blank.				
		entity type field contains an "01" (individual) and the Non Resident-Alien flag is an "N" and the Resident-Alien flag is an "N"	converted to "US".				
		data does not meet either of these conditions	converted to blank.				

Continued on the next page

Current	SCIMS	Conversion	n Comments
AS/400 Field	Equivalent Field	IF the AS/400	THEN during migration, the data in the SCIMS field will be
Congressional District	Voting District	customer is not a multi-county producer	the same. <b>Note:</b> The AS/400 field for Congressional District will not be displayed.
		customer is a multi-county producer and the Congressional District code matches in all counties	the same. <b>Note:</b> The AS/400 field for Congressional District will not be displayed.
t		customer is a multi-county producer and the Congressional District code does not match in all counties	converted to blank. <b>Note:</b> The AS/400 field for Congressional District will not be displayed.
Mil-Vet	Veteran	entity type field contains a code of "01" (individual) and the Mil-Vet field contains a "1"	converted to "Y".
		entity type field contains a code of "01" (individual) and the Mil-Vet field contains a "2"	converted to "N".
		entity type field contains a code that is not an "01" (individual) and the Mil-Vet field is not equal to "1" or "2"	converted to blank.

# \*--Example of a Potential Duplicate Customer With Both a Temporary and a Permanent Tax Identification Number

- Situation: Smith Dairy appears on the report as a potential duplicate. Smith Dairy was migrated to SCIMS from 1 county with both a temporary tax identification number and a permanent tax identification number.
  - **Determination:** The County Office has determined that Smith Dairy is a duplicate and should be merged using data from the permanent tax identification number's record.

POTENTL	AL DUPLICATE REPORT - BUSIN	ESSES	nd a girangegingen i
TaxId/Type Business Business Type Name	Delivery Address	City S	t Zip Leyacy
757542328 E Corp wSikhidsSMITH DAIR		VAN T.	×72590 46/223
N Corp wS5hld=SMITH DAIR	Y RR 1	VAN T	x 72590 40/223

### **Resolving the duplicate:**

Step	Action
1	County Office shall access SCIMS and search for Smith Dairy using the permanent tax identification number.

This is an example of Smith Dairy when accessed in SCIMS by county 48/223 using the permanent tax identification number.

lect a customer:	
------------------	--

Exhibit 12.5 (Par. 156) \*--Example of a Potential Duplicate Customer With Both a Temporary and a Permanent Tax Identification Number (Continued)

Step	Action
2	After selecting customer Smith Dairy, user will be notified that Smith Dairy has potential duplicates. The user shall select "OK" to resolve the duplicate. If "Cancel" is selected, SCIMS process will continue to the customer information screen for the customer that was selected. The duplicate customers will not be displayed and the customers will remain until resolved.

This is an example notification that potential duplicates exist.

\_\_\_\_\_

SMITH DAIBY	767542328	Employer Id	RR 1	VAN, TX 72690		TEXAS	HOPKINS
Common Name	Tax Id	Tax Id Type	Delivery Address Line	City, State ZIP Code	Phone No	Legacy State	Legacy County
elect a cust	omer:						
	Base	[]	Cancel	GS	SERVICE CE	NTÉR 🦷	
. <u>999 (</u>			ler Potenuel Duplic of to resolve them				
	165.22	l. 15.47 - [Ja	waScript Applica	ation] 🖂 🥂			

Exhibit 12.5 (Par. 156) \*--Example of a Potential Duplicate Customer With Both a Temporary and a Permanent Tax Identification Number (Continued)

Step	Action
3	If "OK" was selected, Smith Dairy and duplicate will be displayed. The user shall select the duplicate to merge with the top record by clicking on the duplicate in the merge block and then clicking on the "OK" button.

This is an example of the page showing potential duplicates.

ld Taxld Type 2323 E			Addr	ess	City	State	Zip	Pho		egacy	Legacy
Type	Type Code			ess	City	State				egacy	Legacy
2323 E	Coro (WS#hide	s 831					Code	l No		tate i	County
					VAN	rx i	2590		TE	AS H	CPKINS
First Midd	lle Name	Tax	TaxId	Bus. Type	Address			Zip Code			Legacy County
			N	Corp	RR 1	VAN	D,	72560		Texas	HCPKINS
	s are shedded a First Midd	First Middle Name	s are checked when 'OK' is pressed th First Middle Name Tax	s an checked when CK is pressed the selecter First Middle Name Tax Taxid Iame Name Suffix Id Type	s are checked when "Cik" is pressed the selected customer First Middle Name Tax Taxld Bus. Type Code	First Name South State State State State State Cause State S	s are checked when CRC is pressed the selected automet will be recerted as being the selected as being the selec	s are checked where CRK" is pressed the selecting a usio mer will be recorded as being a unit First Name Name Tax TaxId Type Address City State I Code II Corr BR 1 VAN TX	s are checked where CBC is pressed the selected customer will be recorded as being a unique, room First lame Name Suffix Id Type Code Address City State Zip Code II Corp RR 1 VAB T2, 72550	s are checked where CBC is pressed the selected customer will be recorded as being a unique, ron-duplicated First Name Name Suffix Id Type Code Address City State Zip Phone II Corp RR 1 VAB T2, 72550	First     Middle     Name     Name     Tax id     Type     Address     City     State     Zip     Phone     Legacy       Iame     Name     Suffix     Id     Type     Code     Address     City     State     Zip     Phone     Legacy       Iame     Name     Suffix     Id     Type     Code     City     State     Zip     Phone     Legacy       Iame     Val     Corp     RR 1     VAl     TX     7250     TEXAS

Exhibit 12.5

# \*--Example of a Potential Duplicate Customer With Both a Temporary and a Permanent Tax Identification Number (Continued)

Step		Action	
4 • • • • •	user shall select "OK" to When "OK" is selected,	he question, "Are you sure you want to be merge or "Cancel" to return to the d Smith Dairy with the temporary tax is ontaining the permanent tax identifica	luplicate resolution screen. dentification number will
		Duplicate Resolution	
Belected Cu Business Name SMITH DAIRY	tomer Tax Id TaxId Busines Type Type Co- 7675-2323 E Cors w/Skh	de Address City State Code	
	olicates Poolom star every rowith at its a d d. If n 2 lows are checked when 'C	221.16.47 • {JavaScript Application}	t he determined to be a suplicate a: Usis fin ique, non-duplicated customs:
	ast/ Iness Name Name S	Are wall as a your want to marge these customers?	Zip Phone Legacy Legacy Code No State County
and the second secon	ime internet internet i service	0K Zancel	

**Notes:** After merging, if the temporary tax identification number was on any programs/applications in the AS/400, it must be removed and replaced with the permanent tax identification number. The temporary tax identification number will remain in the AS/400 name and address file as "Pending Delete" until 2 full farm record rollovers. KC-ITSD will then move the record to "Delete" status in the AS/400.

If the temporary tax identification number was not associated with any programs/applications, then the tax identification number will immediately be moved to "Delete" status in the AS/400 name and address file.

# Example of a Potential Duplicate Customer in 3 Counties With Only a Temporary Tax Identification Number

Situation: James Jones appears on the report as a potential duplicate in 3 States/counties using a temporary tax identification. The county with the lowest State code is responsible for resolving the duplicate. The County Office should contact the other county Office listed to determine whether the customer is a duplicate.

	POTENTIA						
TaxId/Type	Last Name	First Name	Name Suffix	Delivery Addr Line	ess City	St Zip Leg	acy Itv
N	JONES	JAMES		0 80X231	ASPEN	CO 53621 4	3/223
N	JONES	JAMES		0 BOX 231	ASPEN		9/001
P	JONES	JAMES	JR P	0 80X 231	ASPEN	CO 53621 10	1/001

**Determination:** After contacting other County Offices, it is determined that the customer is a duplicate and should be merged using the data from St/Cty 48/223.

#### **Resolving Duplicate:**

Step	Action
1	County Offices shall access SCIMS and select the customer record from State/County 48/223.

This is an example of James Jones, Jr., when accessed in SCIMS.

JAMES JONES		No Tax Id	PO BOX 231	ASPEN.CO 53621		TEXAS	HOPKINS
Common Name	Tax Id	Tax Id Type	Delivery Address Line	City, State ZIP Code	Phone No	Legacy State	Legacy County
Select a cust		selected		earch Results ULPHUR SPRINGS	SERVICE CE	NTER	

Step	Action
2	After selecting customer James Jones, Jr., the user will be notified that the customer has potential duplicates. The user shall select "OK" to resolve the duplicates. If "Cancel" is selected, the SCIMS process will continue to the customer information screen for the customer that was selected. The duplicate customers will not be displayed and the customers will remain duplicates until resolved.

This is an example notification that potential duplicates exist.

USE	A	Infor	USDA Ser nation Ma	vice Center nagement			
	165	.221.16.4	7 - [JavaScript Ap	oplication] 🔀			
	Base C		omer Has Potential C ou want to resolve th	nem now?	3S SERVICE CE	NTER	
Select a cust	omer:						
Common Name	Tax Id	Tax Id Type	Delivery Address Line	City, State ZII Code	P Phone No	Legacy State	Legacy County
JAMES JONES JR		No Tax Id	PO BOX 231	ASPEN,CO 53621		TEXAS	HOPKINS

## \*--Example of a Potential Duplicate Customer in 3 Counties With Only a Temporary Tax Identification Number (Continued)

Step	Action
3	If "OK" was selected, James Jones, Jr., and potential duplicates will be displayed. The user shall select all duplicates to merge by clicking on the "Merge" block and then selecting "OK".

This is an example of the page showing potential duplicates.

Last Nam	First Name	Middle Nam		a conter general		xid Type	* Adras	ess C	ćny -	State	Zip Code	Phone No	Ledarv I State	edacv County
JONES	JAMES		JR			N P	0 80X2	11 48	PEN	co	53621		TEXAS	HOPKINS
Merge	Business Name	Name	Name	Suffix	ld	Taxld Type	Type Code	Address	City	Stat	e Zip Code	Phone No	Legacy State	Legacy County
••••••	JONES	JAMES		JR		N		FO BOX 23	1 ASPE	i cc	£3621	Ť.	COLORADO	ADAMS
Z														

Exhibit 12.6 (Par. 156)

## \*--Example of a Potential Duplicate Customer in 3 Counties With Only a Temporary Tax Identification Number (Continued)

Step	Action
4	The user will be asked the question, "Are you sure you want to merge customers?" The user shall select "OK" to merge or "Cancel" to return to the duplicate resolution screen.
	When "OK" is selected, all records checked will be merged.

**Note:** James Jones, Jr. will become 1 customer in SCIMS with no tax identification number. In each county's AS/400 name and address file, the customer will keep the temporary tax identification number that was assigned before the merge. The temporary tax ID number in the master record is added to the merged county's name and address, and the merged county's temporary tax ID is deleted or flagged as "Pending Delete".--\*

#### \*--Example of Potential Duplicate Customers in 2 Counties With Different Names

Situation: Jim Davis Farm is listed on the report as a potential duplicate in 2 States/counties. In this example, the customer is in both counties' AS/400 name and address files with a permanent tax identification number. Control County 48/223 is using Jim Davis Farm and county 29/001 is using Davis Farms. The automatic merge process did not merge the records due to the difference in the names. The records appear on the potential duplicate report based on matching tax identification numbers.

	FOILE	NULANDUP		ORT-M	23.0. P P P P A P P P P P P P P P P P P P P	AX ID'S		
TaxId/Type	Business Type	Last/Busines Name	<sup>S</sup> First Name	MI Delli	very Address Line	City	St Zip	Legacy St/Ctv
752346979 E	Gen Partnachip	DAVIS FARMS		PO BOX	765	DIKE	TX 8962	29,001
752345878 E	Ovn Parineiship Annaninininini	JIM DAVIS FARM	and and the second second	PO BOX	706 00000000000000000000000000000000000	DIKE	TX 8962	48/223

**Determination:** After the control county contacts the other county, it is determined that the customer is a duplicate and should be merged using the information for Jim Davis Farm.

#### **Resolving the Duplicate:**

Step	Action
1	The control county shall access Jim Davis Farm in SCIMS.

This is an example of Jim Davis Farm when accessed in SCIMS.

JIM DAVIS	762346878	Employer Id	PO BOX 765	DIKE,TX 89627			and the second s
Common Name	Tax Id	Tax Id Type	Delivery Address Line	City, State ZIP Code	Phone No	Legacy State	Legacy County
elect a cust		acted Servi	cing Site SULP	IUR SPRINGS S	ERVICE.CEI	NTER	
			Addition of the second s	h Results	eve Syram and address		

Exhibit 12.7 (Par. 156) \*--Example of Potential Duplicate Customers in 2 Counties With Different Names (Continued)

Step	Action
2	After selecting customer Jim Davis Farm, user will be notified that customer has potential duplicates. The user shall select "OK" to resolve the potential duplicates. If "Cancel" is selected, the SCIMS process will continue to the customer information screen for the customer that was selected. The duplicate customers will not be displayed and the customers will remain duplicates until resolved.

This is an example notification that potential duplicates exist.

USI	DA Ia		SDA Servic ion Mana <u>(</u>	e Center gement Sy	stem		
	165.221	l.16.47 - [Ja	waScript Applic	ation]			
	?		las Potential Duplic nt to resolve them r		en i señe eñ la en siñ sen		ola chi Kary Va
	Base	0	Cancel	GS S	SERVICE CE	NTER	
Select a cust	omer:						
Common Name	Tax Id	Tax Id Type	Delivery Address Line	City, State ZIP Code	Phone No	Legacy State	Legacy County
JIM DAVIS FARM	752345878	EmployerId	PO BOX 765	DIKE, TX 89627		TEXAS	HOPKINS

## Exhibit 12.7 (Par. 156) \*--Example of Potential Duplicate Customers in 2 Counties With Different Names (Continued)

# Step Action 3 If "OK" was selected, Jim Davis Farm and duplicate Davis Farms will be displayed. The user shall select the duplicate to merge with the top record by clicking on the "Merge" in the merge block and then selecting "OK".

This is an example of the page showing potential duplicates.

elected	d Custome	er												
Busin Nam		Fax Id	Taxld Type	Busine Type Co		Addres	s	City	State	Zip Cod		one lo	Legacy State	Legacy County
IN DAVIS ARM	3 75	2345873	E	Gen Parmership		OX 765	DI	<Ε	ΤX	39827		1	EXAS	HOPKINS
esk the * ve t unc	Last/	to tor even	ry row that checked wi Middle	hen 'OK" is 	pressed the	ove custor selected TaxId	Bus.	Se reco	rdei ast	eirg a u	rique, noi	n-duplica	ed custome	-
esk the * we t und lerge	Weige" colui checked, if n: Last/ Business Navne	First	cheidked Ail	Name	te of the ab pressed the Tax Id	selecter	custo ner will	Se reco	dup icate rded as b ess Cit	eirg a u	rique, noi	Phon	be a cupil ed custome E Legac State	r. y Legacy
eskthe " ave t unc	Weige" colur checked. If n: Last/ Eusiness	First	Middle	Name	pressed the	selectec Taxld Type	Bus. Type	Addro PO B	rded as b ess Cit	eirg a u	Zip	Phon No	ed custome Legac State	r. y Legacy

Exhibit 12.7 (Par. 156)

## \*--Example of Potential Duplicate Customers in 2 Counties With Different Names (Continued)

Step	Action
4	When "OK" is selected, the user will be asked the question, "Are you sure you want to merge these customers?" The user shall select "OK" to merge or "Cancel" to return to the duplicate resolution screen. When "OK" is selected, Davis Farms will merge with Jim Davis Farm.

					Duplicate R	esolution					
Selecte	d Custome	er.									
Busir Nan		Fax Id	Taxid Type	Business Type Code	Address	City	State	Zip Code	Phone No	Legacy State	Legacy County
JIN DAVI FARM	3 75	2345873		Gen Parnership	PO B0X 765	DIKE	TX	39627		TEXAS	HOPKINS
Potentiz Check the 1	I Duplicat	<b>ES</b> na for ever	y rowth st	is a d <b>Electri</b>			-1		be datermine	f to be a cupl	cate a: this ti
Potentiz Checkthe eave t un	"Neige" colur checked. If no	es no for ever	y row that he deed wh	is a d 165.221	16.47 - [JavaScrip	it Applicatio	ન		be daterminer que, non-dupil		
Checkthe' eave tun	I Duplicat Weige" colur checked. If no Last/ Business Name	nn for ever Iows are :	y row that checked wh Middle Name		16.47 - [JavaScrip Ara you sure you wa			i and i	que, non-dupli	orted custome	r. y Legac

**Note:** Neither County Office will have to change the AS/400 county records sin the tax identification numbers were the same. In county 29/001, the name will change in the AS/400 to Jim Davis Farm.

--\*

ce

2

## \*--Example of Potential Duplicate Customer in 2 Counties, But Not Duplicate in 3rd County

Situation: Fred Cox is listed on the report as a potential duplicate in 3 counties. One county is using a permanent tax identification number and 2 counties are using a temporary tax identification number. There is not a control county for the customer. County 48/119 is responsible for resolving the potential duplicate.

	POTENTIA	L DUPLICA	TE REPORT - INDIV		
Taxid/Type		First Name	Name Delivery Addres Suffix Line	<sup>ss</sup> City	St Zip Legacy
N 465943028 S N	COX COX COX	FRED FRED FRED	610 MAIN 610 MAIN 223PINE RD	DALLAS DALLAS GILMER	TX 75698 48/223 TX 75698 48/119 TX 75899 49/217

**Determination:** After contacting the other counties, it is determined that Fred Cox is the same customer in counties 48/223 and 48/119, but is not the same customer in 48/217. It was determined county 48/217 is inadvertently using the wrong ZIP code for their customer. Since the customer has a permanent tax identification number in county 48/119, it was determined to use that customer's information and merge the information from county 48/223.

#### **Resolving the Potential Duplicate:**

Step	Action
1	County 48/119 shall access SCIMS and search for customer Fred Cox using the permanent tax identification number.

This is an example of Fred Cox when accessed in SCIMS.

Search Results       Based on selected Servicing Site COOPER SERVICE CENTER       elect a customer:       Common     Tax Id     Delivery     City, State ZIP     Phone No     Legacy     Legacy       Name     Tax Id     Type     Address Line     Code     Phone No     Legacy     Legacy	FRED COX	465943028	Social Security	610 MAIN	DALLAS, TX 75698		TEXAS	DELTA
Based on selected Servicing Site COOPER SERVICE CENTER		Tax Id	Туре			Phone No		
			on selecte	Y		È center		

(Par. 156) \*--Example of Potential Duplicate Customer in 2 Counties, But Not Duplicate in 3<sup>rd</sup> County (Continued)

Step	Action
2	After selecting customer Fred Cox, user will be notified that customer has potential duplicates. The user shall select "OK" to resolve the potential duplicate. If "Cancel" is selected, the SCIMS process will continue to the customer information screen for the customer that was selected. The duplicate customers will not be displayed and the customers will remain duplicates until resolved.

This is an example notification that potential duplicates exist.

FRED COX	465943028	Social Security	610 MAIN	DALLAS,TX 75698	1	TEXAS	DELTA
Common Name	Tax Id	Tax Id Type	Delivery Address Line	City, State ZIP Code	Phone No	Legacy State	Legacy County
elect a cus	tomer:						
		Г	0K Cancel	ERMI	CE CENTER		
	- ?)	Custome Do you w	r Has Potential Dup ant to resolve them	icates. now?			
	103.221	։ ։ լթ.47 - թ	JavaScript Appli	cation] 🗙 📃			

--\*

Exhibit 12.8

# \*--Example of Potential Duplicate Customer in 2 Counties, But Not Duplicate in 3<sup>rd</sup> County (Continued)

	Action
3	If "OK" was selected, Fred Cox and potential duplicates will be displayed. The user shall select the duplicate from county 48/223 to merge by clicking in the merge box and then selecting "OK".

This is an example of the page showing potential duplicates.

Last Name	First Name	Middle Name		2	ĸ Id	Taxld Type	Add	lress	City	State	Zip Code	Phone No	Legacy State	Legacy County
COX	FRED			4659	43028	ę	610 MA	N D	ALLAS	TX	75698		TEXAS	DELTA
hesk the *I	I Duplicate Meige" colum hedded, If no Last/	h for every Iows are ph	edked when	'OK' is pr	essed	the selec	sterrer II ac custo Bus.	's row is not ner will be r	a dup ica corded a:	ta, or can beirg a	urique, no	n-duplicate	d ouslomer.	r
heck the "I save t unc	Meige" oolum hedkid, lf no	h for every	row that is a edked when Middle Name	'OK' is pr	essed	above ou the select TaxId Type	Bus. Type	a row is not ner will be r Addres	corded at	beirg a	urique, no	n-duplicate Phone	d customer.	r
heskthe "I ave tunc Merge	Meige" colum hecked, If no Last/ Business	n tor every tows are sh First	Middle	Name	essed Tax	the select TaxId	ec ousto Bus.	ner will se r	corded as	beirg a	Zip	n-duplicate Phone	d ouslomer.	Legacy

Exhibit 12.8 (Par. 156)

# \*--Example of Potential Duplicate Customer in 2 Counties, But Not Duplicate in 3<sup>rd</sup> County (Continued)

Step	Action
4	After selecting "OK", the user will be asked the question, "Are you sure you want to merge customers?" The user shall select "OK" to merge or "Cancel" to return to the duplicate resolution screen. When "OK" is selected, Fred Cox's record from counties 48/119 and 48/223 will merge. Fred Cox's record that was not selected (48/217) remains as potential duplicate until resolved.
5	After merging the customer records, County 48/223 will need to correct the customer's records if the temporary tax identification number is being used in any programs/applications in the AS/400. County 48/223 must remove the temporary tax identification number from all programs/applications in the AS/400 and add the permanent tax identification number.
6	County 48/217 must now resolve the potential duplicate for their county as it will appear on their potential duplicate report. County 48/217 shall access customer Fred Cox in SCIMS through their county to resolve the duplicate.

This is an example of Fred Cox when accessed in SCIMS by county 48/217.

	Base	ed on sele		earch Results te HILLSBORO SER	VICE CENTE	R	
elect a cust							
Common Name	Tax Id	Tax Id Type	Delivery Address Line	City, State ZIP Code	Phone No	Legacy State	Legacy County
FRED COX		No Tax Id	223PINE RD	GILMER, TX 75698		TEXAS	HILL

Exhibit 12.8 (Par. 156)

# \*--Example of Potential Duplicate Customer in 2 Counties, But Not Duplicate in 3<sup>rd</sup> County (Continued)

Step	Action
7	After selecting customer Fred Cox, user will be notified that customer has potential duplicates. The user shall select "OK" to resolve the duplicate. If "Cancel" is selected, the SCIMS process will continue to the customer information screen for the customer that was selected. The duplicate customers will not be displayed and the customers will remain duplicates until resolved.

	ŀ	licrosoft	Internet Explorer	X				
	Bas	?	Customer Has Poten Do you want to resol		D SERV	ICE CENTER		
Select a custi	)mer: 		OK Cance					
Common Name	Tax Id	Tax Id Type	Delivery Address Line	City, State Code		Phone No	Legacy State	Legacy County
FRED COX		No Tax Id	223PINE RD	GILMER, TX 7	75698		TEXAS	HILL

# \*--Example of Potential Duplicate Customer in 2 Counties, But Not Duplicate in 3<sup>rd</sup> County (Continued)

Step	Action
8 6 6	If "OK" was selected, Fred Cox and potential duplicates will be displayed. Since customer Fred Cox in Hill County, Texas, is not the same customer as Fred Cox in Delta County, the user shall select "OK". After selecting "OK", the customers will become unique, non-duplicate.
9	After resolving the duplicate, Hill County shall access the customer's record through SCIMS and correct the ZIP code.

Name       Name       Name       Suffix       Id       Type       Address       City       State       Code       No       State       Co					DL	iplica	te Re:	solution							
Name     Name     Name     Suffix     Id     Type     Address     City     State     Code     No     State     Code       CDX     FRED     FRED     N     Z23 PINE RD     GILWER     TX     76098     TEXAS     Hi       Potential Duplicates     N     Z23 PINE RD     GILWER     TX     76098     TEXAS     Hi       Potential Duplicates     Check the "Merge" column for every row that is a duplicate of the above customer. If a row is not a cuplicate, or earnot be determined to be a duplicate a lime, leave it unchecked. If no rows are checked when "CK" is pressed, the salected customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique, non-duplicated customer will be recorded as being a unique will be recorded as being a unique will be recorded as being a	elected	Custome	r												
Potential Duplicates Check the "Merge" column for every row that is a duplicate of the above outcomer. If a row is not a cuplicate, or earnot be determined to be a duplicate a time, leave it unchecked. If no rows are of edded when "CK" is pressed, the selecced eutomer will be recorded as being a unique, non-duplicated customer Merge Business First Name Name Suffix Tax Id TaxId Type Code Address City State Zip Phone Legacy L Name Name Suffix Tax Id Type Code Address City State Zip Phone Legacy L				 	····· ¥·····		Addres	s C	ity St	ate					Legacy County
Merge         Business         First         Middle         Name         Tax Id         Tax Id         Type         Address         City         State         Zip         Phone         Legacy         L           Name         Name         Name         Suffix         Tax Id         Type         Code         Address         City         State         Zip         Phone         Legacy         L	ΟX	FRED			N	223 PI	INE RD	GILM	ER TX		75698		ĺ	TEXAS	HIL_
		lusiness			Tax Id	£	Туре	1	City	Sta					Legar Count
CCX FRED 465943028 S 61C MAIN DALLAS TX 75698 TEXAS D	······		FRED	1	465943028	S	Coue	61C MAIN	DALLAS	TX	756	98			-

## Exhibit 12.9 (Par. 156) \*--Example of Potential Duplicate Customer Based on Matching Tax Identification Numbers With Different Business Types

**Situation:** Triple A Partnership appears on the potential duplicate report as a potential duplicate based on matching tax identification numbers. In county 48/223, the business type is a General Partnership. In county 48/499, the business type is a Joint Venture. The records did not merge because of the difference in the business types.

	POTEI			DRT MATCHING	TAX ID'S		
l axid/ lype	Business Type	Last/Business Name	First Name	Mi Delivery Addre	SS City	St Zip	Legacy St/Ctv
		TIRPLE A PARTNERSHIP		PO BOX 21	ALBA	TX 23459	48/223
752343308 E	Joint Venture	TRIPLE A PARTNERSHIP		PO BOX 21	ALBA	TX 23459	48/499

**Determination:** After contacting the other county, it is determined that the customer is a duplicate and should be merged using the information from county 48/223.

## **Resolving Duplicate:**

Step	Action
1	Since the customers to be merged have different business types and the customer record from county 48/499 will be merged with the customer record from county 48/223, county 48/499 must check to see if the customer is active in the current year entity file.
	• If the customer is active, the record must be deleted from the current year entity file before county 48/223 merges the customer. If county 48/499 does not delete the record from the current year entity and farm records file before the merge, county 48/499 will receive an error report that the entity type for the customer could not be changed in SCIMS and they should "correct it accordingly".
	• If the customer was not active in the current year entity file, the customer's business type record in county 48/499 will be changed in the county's AS/400 name and address records upon completion of the merge.
2	County 48/223 shall access SCIMS and search for Triple A Partnership by using the tax identification number.
r <u> </u>	*

This is an example of Triple A Partnership when accessed in SCIMS.

			Search	Results			
Ba	sed on selec	ted Servicir	ng Site SULPHU	jr springs se	ERVICE CEN	ITER	
elect a custon	ner:						
Common Name	Tax Id	Tax Id Type	Delivery Address Line	City, State ZIP Code	Phone No	Legacy State	Legacy County
<u>TIRPLE A</u> PARTNERSHIP	752343308	EmployerId	PO BOX 21	ALBA, TX 23459		TEXAS	HOPKINS

Step	Action
3	After selecting customer Triple A Partnership, user will be notified that customer has potential duplicates. The user shall select "OK" to resolve the duplicate. If "Cancel" is selected, the SCIMS process will continue to the customer information screen for the customer that was selected. The duplicate customers will not be displayed and the customers will remain duplicates until resolved.

This is an example of the notification that potential duplicates exist.

USDA	Infe		DA Service In Manag		stem		T
	165.221.1	6.47 - [Java	aScript Applicat	ion]			
			s Potential Duplicat to resolve them no				
Bat	56	[ OK	Cancel	GSS	ERVICE CEI	VTER	
Select a custom	er:						
Common Name	Tax Id	Tax Id Type	Delivery Address Line	City, State ZII Code	Phone No	Legacy State	Legacy County
<u>TIRPLE A</u> <u>PARTNERSHIP</u>	752343308	EmployerId	PO 80X 21	ALBA, TX 23459	1	TEXAS	HOPKINS

Exhibit 12.9 (Par. 156) \*--Example of Potential Duplicate Customer Based on Matching Tax Identification Numbers With Different Business Types (Continued)

Step	Action
4	If "OK" was selected, Triple A Partnership and potential duplicate Triple A Partnership (Joint Venture) will be displayed. User shall select the duplicate to merge with the top record by clicking in the merge block for the duplicate and then select "OK".

This is an example of the screen showing potential duplicates.

					Dup	licate	Resol	ution						
Selecte	d Customer													
Busine	ess Name	Tax Id	Taxid Type	Business Type Cod		Addres	s	City	State	Zip Code	Pho		egacy State	Legacy County
TIFP_E / FARTNE		62343308		Gen Partnership	PC EO	X 21	4	LBA 1	rx :	3459		TE.	K48 -	IOPKINS
Merge	Last/ Business		2 2000 0000000000000000000000000000000		Tax Id	Taxld	Bus.				I			-
5-	Name	Name	Name	Suffix		Туре	Type Code	Address	City	State	Zip Code	Phone No	Legacy State	Legacy County

## Exhibit 12.9 (Par. 156) \*--Example of Potential Duplicate Customer Based on Matching Tax Identification Numbers With Different Business Types (Continued)

Step	Action
5	The user will be asked "Are you sure you want to merge customers?" The user shall select "OK" to merge or "Cancel" to return to the duplicate resolution screen. When "OK" is selected, Triple A Partnership's record from counties 48/119 and 48/223 will merge.

FARTNERSHIP Partnership	AS HOPKINS	TEXAS						1	Type Code	Type	Tax Id	ess Name	Duanto
Potential Duplicates The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the "Merge" column for every row that is a d The 3k the 3	1			9	23459	TX	ALBA	PC EOX 21		E	52343308		
Merge Business Name Name Name Vare sous to evolution herge these customers? te Code No	State County	No Stat	lode No	Code	iii iii				4	Name	Name		
TRIPLEA 23459	TEXAS WOOD	TEXAS	3469	23459			lancel	[OK]				TRIPLE A PARTNERSHIP	2

## \*--Example of Potential Customer With Matching Tax Identification Numbers With Different Names and Business Types

- Situation: In this example, 2 customers from different counties with the same tax identification number appear on the potential duplicate report. The customers' names, business types, and tax identification types are different. This example has 3 possible reasons for the tax identification number being the same, each with a different solution. The 3 possibilities and solutions are as follows:
  - One of the customer's tax identification number is incorrect. Follow 1-CM, paragraph 194 to change the tax identification number in SCIMS. After changing the tax identification number, the customer will not be a potential duplicate on the report.
  - Both customers tax identification numbers are correct. One customer was assigned the number by the Social Security Administration as social security number and the other customer was assigned the number as an employer identification. If this is the case, follow the steps below to make the customers unique, non-duplicate customers.
  - Both customers are the same. One of the tax identification numbers is entered using the wrong tax identification type. If this is the case, follow the steps below to merge the customers. Some of the customer data may need to be corrected in SCIMS after merging the customers records.

				ORT - MATCHING	TAX ID'S		
TaxId/Type	Business Type	Last/Business Name	First Name	MI Delivery Address Line	City	St Zip	Legacy St/Cty
2 <b>6494</b> 3028 E	Trust Irrevoble	RON GOOD TRUST		RR 4	COMO	TX 75482	48/223
264943028 5		FORD	JIM	6507 TRAVIS	SHERMAN	TX 75092	48/181

## \*--Example of Potential Customer With Matching Tax Identification Numbers With Different Namesand Business Types (Continued)

	and the state of the			
Step		Action		
1	County Offices shall access SCIMS number.	and search for the c	ustomer by tax identificatio	n

This is an example of the customer when searched in SCIMS.

JIM FORD	264943028	Social Security	6507 TRAVIS	SHERMAN, TX 75092		TEXAS	GRAYSON
Common Name	Tax Id	Tax Id Type	Delivery Address Line	City, State ZIP Code	Phone No	Legacy State	Legacy County
Select a cus	tomer:	6	(,k. k.), jujulisti it ili vilititi.	arch Results d National Search.			
				wah Daaulta			

Exhibit 12.10 (Par. 156) \*--Example of Potential Customer With Matching Tax Identification Numbers With Different Names and Business Types (Continued)

Step	Action
2	After selecting the customer, user will be notified that potential duplicates exist. User shall select "OK" to resolve the duplicate. If "Cancel" is selected, the SCIMS process will continue to the customer information screen for the customer that was selected. The duplicate customers will not be displayed and the customers will remain duplicates until resolved.

Example of page notifying that potential duplicates exist.

USI				ice Center agement Sy	stem		
	165.22 <b>?</b>	Custome	<b>VavaScript App</b> er Has Potential Du want to resolve the	plicates			
Select a cus	tomer:		OK Cancel	arch			
Common Name JIMFORD	Tax Id 264943028	Tax Id Type Social Security	Delivery Address Line 6607 TRAVIS	City, State ZIP Code SHERMAN, TX 75092	Phone No	Legacy State TEXAS	Legacy County GRAYSON

--\*

Exhibit 12.10 (Par. 156) \*--Example of Potential Customer With Matching Tax Identification Numbers With Different Names and Business Types (Continued)

Step	Action
3	If "OK" was selected, Jim Ford and potential duplicates will be displayed. The user shall select the duplicate to merge by clicking on the merge box, if the customers are duplicates. If the customers are not duplicates, then the user will not click on the merge box and click "OK" and the customers will become unique, non-duplicate customers.

Last	Name, First Name, Middle Initial	Birth Date (Mo./Yr.)	Social	Security	Number	ז		<b></b>
						ENTE		
ihe Ine	FINITION OF A HANDICAP: A person has a physical or mental impairment or more major life activities; has a re- regarded as having such impairme	which substantially lin cord of such impairme	nits ent:	throu which	gh 94). In t	he case of the impai	sted below (codes in bold nun f multiple impairments, choose rment that would result in the n	the cod
ess ion iot /olu criti	THE EMPLOYEE: Self-identificatile ential for effective data collection an you provide will be used for statistic in any way affect you individually. A untary, your cooperation in providin cal. I do not wish to identify my handicap statu note above and the reverse side of this form Your personnel officer may use this code	nd analysis. The infom cal purposes only and While self-identificatio g accurate information s. (Please read the emplo before using this code.) (N	ma- will n is n is byee lote:	(Becau paisy, 1 legs, a 61 Or 62 Or 63 Or 64 Bo 65 Bo	there is some rms, and/or he hand he arm, any he leg, any p th hands th legs, any	n, nerve, or ( e loss of abili trunk.) part part part	muscle problem, including palsy am ity to move or use a part of the body, 67 One side of body, including and one leg 68 Three or more major parts o body (arms and legs)	<i>includin</i> ; one arm
	used an incorrect code.)			66 Bo	th arms, an	y part		
	I do not have a handicap. I have a handicap but it is not listed below	N.		(Becau paisy,		a, nerve, or i Implete loss	muscle problem, including palsy and of ability to move or use a part of	
13	ECH IMPAIRMENTS Severe speech malfunction or inability to amples: defects of articulation [unclear   aphasia [impaired language function]; larym box'])	anguage sounds]; stutter	ring;	70 Or 71 Bo 72 Or 73 Bo 74 Or	he hand th hands he arm th arms he leg	a, anarat II	<ul> <li>76 Lower half of body, including</li> <li>77 One side of body, including and one leg</li> <li>78 Three or more major parts of</li> </ul>	one arm
	ARING IMPAIRMENTS		-		th legs		body (arms and legs)	
16	Hard of hearing (Total deafness in one ex conversation, correctable with a hearing a Total deafness in both ears, with underst Total deafness in both ears, and unable t	aid) andable speech	nary	80 He	blems with	with no resti complete re	riction or limitation of activity (Histor acovery) ion or limitation of activity	y of hear
							,	
22	ION IMPAIRMENTS Ability to reed ordinary size print with glass (side) vision ( <i>Restriction of the visual field</i> affected—"Tunnel vision")	es, but with loss of periph to the extent that mobili	eral ty is				epilepsy) le cell anemia, leukemia. hemophili	a)
	Inability to read ordinary size print, not cor oversized print or use assisting devices such Blind in one eye	rectable by glasses (Can / as glass or projector modi	read ifier)	<b>86</b> Pu		respiratory	disorders (e.g., tuberculasis, em,	phy <del>se</del> ma
	Blind in both eyes ( <i>No usable vision, but me</i>	ly have some light percept	tion)	<b>87</b> Kid <i>is</i>	iney dyslund required)	tioning <i>(e.g</i> .	, if dialysis [Use of an artificial kidney	machine
27	One hand			<b>88</b> Ca	ncer-a his	tory of canc	er with complete recovery	
	One arm One foot			<b>89</b> Ca	ncer—unde	rgoing surgi	cal and/or medical treatment	
33 34 35	One leg Both hands or arms Both feet or legs One hand or arm <i>and</i> one foot or leg			to me	learn, to be	educated, ai	c and lifelong condition involving a lim nd to be trained for useful productiv e Vocational Rehabilitation agency u ale A)	e employ
37	One hand or arm <i>and</i> both feet or legs Both hands or arms <i>and</i> one foot or leg Both hands or arms <i>and</i> both feet or legs				ental or emot oblems)	ional illness	(A history of treatment for mental or	emotione
					vere distorti tortion of bu		and/or spine (e.g., dwarfism, kyphos	is (sever
Bec 10mi 14 (	ause of chronic pain, stiffness, or weakne e loss of ability to move or use a part or p One or both hands 47 One or b	es in bones or joints, ther parts of the body.) oth legs	e is	SU		aused by bu	ds, or feet (e.g., distortion of feature urns, gunshot injuries, and birth defe t, etc.])	
16	One or both feet 48 Hip or pe One or both arms 49 Back Any combination of two or more parts of t		<b>1</b>	in	arning disab understandi itten]; e.g., d	ng, perceivir	rder in one or more of the processes ng, or using language or concepts [:	s involve spoken o

The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, with the exception of employees appointed under Schedule A, section 213.3102(I) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored). These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counsefor may also be helpful) will asslat the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.] Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date handicap report system is sincerely appreciated.

#### PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation). Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.

Standard Form 256 BACK +U.S.GP0:1991-0-290-490/20214

## \*--Forms and Documents Not Approved for FAXed and Scanned Signatures

This table provides forms and documents for which FAXed and scanned signatures shall **not** be--\* accepted.

Number	Title
CCC-36	Assignment of Payment
CCC-37	Joint Payment Authorization
CCC-77	Solicitation, Offer and Award for Janitorial Services
CCC-79	Solicitation for Offers (SFO)
CCC-279	Promissory Note
CCC-576-1	Appraisal/Production Report Noninsured Crop Disaster Assistance Program
* * *	* * *
CCC-694-2	Acknowledgment of Commodity Certificate Purchase
CCC-959	Tobacco Transition Payment Program Assignment of Payment
FSA-211	Power of Attorney (includes FSA-211A)
FSA-669	OFFICIAL BALLOT for FSA Committee Elections
* * *	* * *
FSA-2025	Notice of Approval, Terms and Conditions and Borrower Responsibilities
FSA-2026	Promissory Note
FSA-2029	Real Estate Mortgage or Deed of Trust
FSA-2043	Assignment of Proceeds From the Sale of Dairy Products and Release of
	Security Interest
FSA-2044	Assignment of Income From Real Estate Security
FSA-2140	Deposit Agreement
FSA-2142	Statement of Deposits and Withdrawals
FSA-2231	Request for Obligation of Funds - Guaranteed Loans
FSA-2313	Notification of Loan Approval and Borrower Responsibilities
FSA-2465	Assignment, Acceptance, and Release (Wool and Mohair)
FSA-2489	Assumption Agreement
FSA-2570	Offer to Convey Security
GSA-276	Lease Amendment
SF-2	Lease for Real Property
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#### \*--A Signature Authority (Effective Before April 2, 2009, as applicable)--\*

- **Q1:** When signing documents with pre-printed legal names on them, such as James David Doe, would Jim D. Doe be an acceptable signature?
- A1: Yes, according to subparagraph 678 A, signatures may contain variations that do not cause the signature to be in disagreement. Jim D. Doe would be acceptable in this case.
- Q2: A County Office is required to review and maintain entity documents to make signature authority determinations. Is it required that County Offices copy the entire entity document and keep them on file?
- A2: The entire document does not have to be maintained. However, all applicable pages that identify the entity, pertinent authority, and any limitations, etc. are maintained.
  - **Example:** If the trust is represented to be an irrevocable trust, procedure in 1-PL requires review of the trust agreement to determine if it contains a provision that would result in the trust being considered a revocable trust for payment limitation purposes (1-PL, subparagraph 362 B). At a minimum, all pages needed for all programs **must** be maintained.
- Q3: During a County Office review, it was discovered that copies of proper signature authority documentation were not on file to validate a customer's signature; for example, on an application, contract, or report. Can the County Office obtain the missing documentation after the fact?
- A3: The County Office may secure the documentation, after the fact, to validate the applicable signatures **only** if the respective documentation is valid and was in existence at the time the signature was obtained. If documentation that includes FSA-211 was not in existence, the signature is invalid.
- Q4: Can any member of a General Partnership sign on behalf of the partnership without specific authorization?
- A4: Yes, any member of a General Partnership may sign on behalf of the partnership and bind all members, unless the articles of partnership are more restrictive (paragraph 709).
- **Q5:** Do trust agreements have to bear signatures or a certification by the officer of the issuing court?
- A5: No, trusts are exempt from this requirement (subparagraph 713 B).

7-17-09

1-CM (Rev. 3) Amend. 40

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### \*--A Signature Authority (Effective Before April 2, 2009, as applicable) (Continued)--\*

- **Q6:** Several paragraphs in procedure indicate that a properly executed affidavit on file before July 20, 2004, may continue to be used as acceptable signature authority. Why can affidavits no longer be used as acceptable signature authority?
- A6: An affidavit is a written declaration of facts confirmed by the oath or affirmation of the party making the declaration or statement of fact and is **not** an instrument that is used to convey authority upon an individual or entity; therefore, we no longer consider them as acceptable evidence for signature authority.
- **Q7:** What constitutes a valid resolution? Do they have to be notarized or witnessed?
- A7: A resolution is a determination of policy of a corporation by the vote of its board of directors bareing the signature of the corporation secretary or other authorized officer. Generally, resolutions are clearly stated, however if the intent of a resolution or its authenticity is questionable, a copy of supporting documents, such as by laws and/or corporate charter, may be required to determine its validity.

A resolution does not have to be notarized, but must either bear the corporate seal or a witnessed signature.

- **Q8:** If a trust or an estate appoints co-trustees or co-executors, do we need to obtain both applicable signatures?
- **A8:** Yes, both co-trustee's or co-executor's signature would be required, although County Offices should review applicable documents to determine whether co-trustees or co-executors are authorized to act independently.
- **Q9:** When someone is signing in a representative capacity, is a "by" or "for" required to accompany their signature?
- A9: All signature examples in 1-CM about someone signing in a representative capacity note that an indicator, such as "by" or "for", is required to illustrate that the individual is signing in a representative capacity (subparagraphs 681 B, 708 B, 709 D, 710 D, 711 C, 712 A, 713 D, 714 A, 715 D, 716 B, and 728.5 A & B).
  - **Note:** DAFP forms include or will include "By" and "Title/Relationship" in the applicable signature boxes. An indicator; such as "by" or "for", is **not** required for the revised forms; however, the "Title/Relationship" box shall be completed accordingly for individuals signing in a representative capacity. Instructions for completing the revised forms are included in the applicable program handbook.

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## \*--A Signature Authority (Effective Before April 2, 2009, as applicable) (Continued)--\*

- Q10: Are illegible signatures acceptable? If so, how are they to be handled?
- A10: Yes; however, if the signature is illegible, the person accepting the signature **must** know the correct name of the person signing and initial the document (subparagraph 676 A).
- Q11: What establishes signature authority for an estate, trust, conservatorship, or guardianship?
- A11: Signature authority is limited to the specifications of the documents listed in subparagraph 713 A.
  - **Notes:** If applicable documentation is not specific, signature authority may be redelegated.

Applicable court orders need to be carefully reviewed.

- **Q12:** 1-DCP, subparagraph 390 E allows producers to submit written leases, rental agreements, or other documents signed by the owner as proof that the producer has the land cash leased for the applicable FY. If a written lease is submitted and the lease was signed by someone other than the owner as the owner's representative, are County Offices required to validate signature authority?
- A12: No, FSA signature authorities apply to signatures that we require from our customers on FSA forms or certifications to FSA. FSA requirements do not apply to documents signed for other purposes, such as leases, bank documents, and other documents created for other purposes. 1-CM, subparagraph 707 A references program documents, such as a NAP application and related documents such as AD-1026, must contain valid signatures.
- Q13: Can a general partnership appoint an attorney-in fact on a FSA-211?
- A13: Yes, unless the Articles of Partnership or other documents provided by the partnership prohibit it. Any member of the partnership may execute an FSA-211 unless the Articles of Partnership restrict the authority for any member to bind the partnership (paragraph 709).
- Q14: Are joint ventures allowed to appoint a power of attorney?
- A14: Yes, a joint venture may execute a FSA-211 to appoint an attorney-in-fact; however, all members of the joint venture, including the appointed attorney-in-fact, if a member of the joint venture must sign the FSA-211/FSA-211A.

- **Q1:** May County Offices continue to accept an entity representative's signature for which they already have valid documentation on file or must the entity file a new CCC-902E to be in compliance with new procedure for any future signature?
- A1: Yes, County Offices may continue to accept an entity representative's signature for which they already have valid documentation on file, as new signature authority policy and procedure applies only to evidence of signature authority from April 2, 2009, forward.
- Q2: If XYZ Corp. has previously empowered a third party, via corporate resolution, to sign for the corporation and documentation is already on file for this authorization; are we required to now file an FSA-211 or is the previously submitted documentation adequate for future signatures?
- A2: We will accept previously submitted documentation which was secured according to this handbook before April 2, 2009.
- Q3: With this new signature authority policy County Offices no longer have to collect corporation papers and similar documents for signature authority; however, the CCC-902E, Part B, # 2 still requires supporting documentation, such as articles of incorporation, trust papers, etc to show shares. Are we still requiring this documentation?
- A3: Requesting supporting documentation will still be required to comply with PL policy and procedure. The new policy and procedure applies only to signature authority.
- Q4: If County Offices do not have a CCC-902E for a trust that owns land but otherwise does not participate; would they still need the trust papers if the trust has to sign a reconstitution form FSA-155 or FSA-179 in order to transfer a farm or reconstitute a small base farm or a DCP contract with zero shares. Would it be acceptable to have them complete the CCC-902E which would meet signature requirements even though we really don't need it for payment purposes?
- A4: Form CCC-901 is to be used for documenting signature authority for an entity that is not applying for a payment but, is initiating non-payment requests including signing a zero DCP share and requests for reconstitutions.--\*

- **Q5:** If an entity or joint operation has filed a previous version of CCC-902E or CCC-901 that does not contain the signature authority question, then are we to follow previous Part 25, Section 3 policy and require evidence of signature authority, such as corporate documentation, trust agreement, etc.? Or, could the entity re-file the current version of CCC-902E or CCC-901 and answer the signature authority question as applicable?
- A5: CCC-902E's and CCC-901's filed prior to April 2, 2009, will be required to follow previous 1-CM policy. A subsequent CCC-902E or CCC-901 could be filed on the revised form and comply with the new evidence of signature authorization policy.
- **Q6:** When checking the "yes" box on form CCC-902E or CCC-901 regarding signature authority, is the signatory completing the applicable form actually granting signature authority for the entity or joint operation or are they certifying that the person has been granted signature authority via some other document, such as a corporate document, trust agreement, etc.?
- **A6:** By checking "YES" on the CCC-902E and/or CCC-901, as applicable, the signatory is certifying that the member(s) checked have authority to sign for the entity based on documentation such as a corporate charter, trust agreement, etc.
- **Q7:** On the CCC-902E, Part C, Item 1A-F appears to apply to "members" only; in the case of a trust, that would be the beneficiaries. Where does a trustee who is not a beneficiary indicate that they have signature authority? Is that the purpose of item (G) in that same block? If so, does the trustee list their name in (G), or do they simply initial and date over to the right?
- A7: The trustee is typically the person completing the CCC-902E/CCC-901 for a trust. This being said, the certifications being signed by the trustee in Item G of the CCC-902E and/or Item F of the CCC-901 shall establish signature authority for a trustee.--\*

- **Q8:** Are there cases where we would just need the FSA-211 and cases where we would also need evidence of signature authority in addition to the FSA-211?
  - **Example:** A corporation lists its shareholders on the CCC-902E, and indicates one or more of them can sign for the entity. Now one of these members with signature authority wants to complete an FSA-211 to delegate signature authority to a third party. According to paragraph 711, County Offices need to review the signature authority documents to see if they allow the entity representative the authority to redelegate. So, in this case, we need not only the FSA-211, but also the evidence of signature authority to make that determination.
- **A8:** New signature authority policy applies only to members of an entity or joint operation; County Offices will still be required to review entity documents to ensure that they allow for redelegation of signature authority (subparagraph 711 B).
- **Q9:** Are County Offices still required to have the articles of incorporation on file to verify shares for payment limitation purposes?
- **A9:** 4-PL, subparagraph 32 E has been amended to remove the requirement that a copy of the articles of incorporation must be furnished in all cases as supporting documentation for a corporation.
- **Q10:** Will County Offices still need to obtain court documents such as last will and testament to establish signature authority for estates?
- A10: No, the executor or administrator will complete CCC-902E/CCC-901 for the estate. The certifications being signed by the executor or administrator in Item G of the CCC-902E and/or Item F of the CCC-901 shall establish signature authority for the estate.
- **Q11:** If County Offices already have a CCC-902 on file for 2009 and we have evidence of signature authority on file (i.e. corporate documents), do they need to execute a new CCC-902 with the signature authority boxes checked before accepting a new signature on a document executed after the effective date of this new policy or can they refer to the evidence of signature authority that we already have on file and continue to use that?
- A11: We will accept previously submitted documentation which was secured according to this handbook before April 2, 2009. County Offices will not have to execute a CCC-902E *and/or* CCC-901 if valid evidence of signature authority is on file.--\*

- **Q12:** A question regarding the "Yes" or "No" questions on CCC-902E and CCC-901; if a person has an FSA POA in place before filling out the CCC-902E and CCC-901, do they indicate "Yes" on these forms, or do they only check the "Yes" if they believe they have the authority to sign by their entity documentation?
- A12: If the FSA attorney-in-fact is a member of the entity filing the CCC-902E and/or CCC-901 he/she may check "YES" for any or all members as applicable and initial and date Part C, Item G; by signing the CCC-902E and/or CCC-901 the signatory is certifying that he/she has signature authority for the subject entity.
- **Q13:** The new CCC-901 is required anytime there is an embedded entity. The form is developed to be completed and signed by the direct payment entity. In cases where the form will be used to show signature authority for embedded entities will that have to be done and signed by the embedded entity or can the payment entity certify to signature authority for all embedded entities as well?
- A13: The payment entity may certify with regard to signature authority for all members including embedded entities.
- **Q14:** In the situation stated in question 13, would the best course of action be to have the corporation, partnership, trust, etc., complete the CCC-901 member listing and identify who within the entity has signature authority or should County Office revert back to this handbook's policy and procedure for each specific entity to obtain signature authority?
- A14: The County Office can continue to use existing evidence of signature authority; however they also may execute a new CCC-901 if they choose to do so.
- **Q15:** The new signature authority policy has generated many questions, particularly with regard to supporting documentation. The new policy no longer requires County Offices to obtain trust agreements as documentation. Does this change in policy also apply to the statutory requirement that requires an irrevocable trust to provide trust documents in order to establish their irrevocability status for payment limitation purposes?
- A15: Requesting supporting documentation will still be required to comply with PL policy and procedure; this new policy applies only to signature authority.--\*

### \*--B Signature Authority (Effective April 2, 2009)

- **Q16:** With regard to the certification requirement in Part C, item G of form CCC-902E; the president of a corporation completes a CCC-902E and lists himself, his wife, and two sons as members and certifies that all members have signature authority. The County Office conducted a signature authority review 2 years ago and it was determined that the President, at that time, was the only one with signature authority for the corporation. Should the County Office question the CCC-902E signature certification or accept the authorities as certified?
- A16: The County Office shall accept the signature authority certification on the CCC-902E as presented by the officer of the corporation. The County Office may however; question the officer completing the CCC-902E with regard to the conflicting information and resolve the issue accordingly.
- **Q17:** When a CCC-902E is completed for a trust with co-trustees and there is nothing to determine whether both co-trustees are required to sign documents or have authority to act independently; would the County Office require additional clarification or just accept either trustee's signature as presented?
- A17: The County Office shall question the trustee completing the CCC-902E to determine if he/she has authority to act independently and dependent on the answer either; accept either the trustee's signature as presented or require both co-trustees to sign if duel signatures are required.--\*

## C Power of Attorney

- **Q1:** Why are we required to identify the special designations; such as "routing payments to financial institutions", "Executing CCC-605", and "Executing CCC-526" on FSA-211? Wouldn't checking "All current programs" and "All actions" suffice?
- A1: These special designations were intentionally added to procedure in 1-CM for completing FSA-211 to ensure that the grantor is fully aware of the obligations that are associated with these specific transactions; however, with revision of FSA-211 (12-17-08), specific transaction options for "AGI certifications" (item 5) and "routing bank accounts" (item 6) are provided.
  - **Note:** Because these transaction options are now specifically listed in FSA-211, Section B, if item 1, "All actions" is selected by the grantor, "all actions" includes both routing banking accounts and AGI certifications.
- **Q2:** During a County Office review it was discovered that FSA program documents had been signed by a representative and a valid FSA-211 was not on file to grant this authority. Can the County Office obtain a new FSA-211 to retroactively make the signature good?
- A2: No, FSA-211 is effective **only** from the date FSA-211 is correctly executed, and forward (subparagraph 728 C).

## FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet

## A Completing FSA-211

Use the following instructions to complete FSA-211.

**Note:** It is the producer's responsibility to provide a copy of FSA-211 to the applicable crop insurance agent.

\*\_-

* <b></b>	
Item	
Number/ Section	Instructions
	Enter name of the individual to whom power of attorney is being granted (attorney-in-fact).
2	Enter address of the individual to whom power of attorney is being granted (attorney-in-fact).
	(attorney-in-fact).
3	Enter county of the individual to whom power of attorney is being granted (attorney-in-fact).
4	Enter State of the individual to whom power of attorney is being granted (attorney-in-fact).
5	If an:
	• <b>individual</b> is granting authority to act on their behalf, enter the name of the individual granting the power of attorney authority (Grantor)
	• <b>entity</b> , such as corporation, partnership, trust, joint venture, or other similar entity is granting authority to act for the entity and bind all members, enter the name of the entity granting the power of attorney authority (Grantor).
А	Check applicable FSA, NRCS, and CCC programs for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.
	To have the appointed attorney-in-fact act on specific FSA, NRCS, and CCC programs <b>not</b> listed, enter the specific FSA, NRCS or CCC programs in item A 13, "Other".
	<b>Note:</b> Grantor <b>must</b> select <b>both</b> applicable programs in this section <b>and</b> related transactions in Section B.
В	Check applicable FSA, NRCS and CCC transactions for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.
	To have the appointed attorney-in-fact act for specific transactions <b>not</b> listed, only specific farms, or only in specific counties, enter the specific FSA, NRCS and CCC transactions, farm numbers, and/or counties, as applicable, in item B 7, "Other".
	<b>Note:</b> Grantor <b>must</b> select <b>both</b> applicable transactions in this section <b>and</b> related programs in Section A.
С	Enter specific insured crops, applicable State, county, and years for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.
	To have the appointed attorney-in-fact act for <b>all</b> insured crops, enter "ALL".
D	Check applicable crop insurance transactions for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.
	To have the appointed attorney-in-fact act on specific crop insurance transactions <b>not</b> listed, enter the specific transactions in item D 7, "Other".

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# FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet (Continued)

Item Number/ Section		Instructions				
6 A-B	If the grantor is an individual, the individual granting the authority <b>must</b> sign, and <b>enter effective date</b> , in items 6 A and B, respectively.					
	other similar e	is an entity, such as a general partnership, trust, joint venture, or entity, and there is no individual already authorized to act for the nbers of the entity <b>must</b> sign FSA-211.				
	redelegation of	is a corporation and the corporate documents do <b>not</b> provide for of authority, <b>all</b> officers of the corporation or members of the entity A-211. If there are more than 2 member/officer signatures				
	<ul><li>check box in item 6C</li><li>attach completed FSA-211A to FSA-211.</li></ul>					
	Note: Check FSA-2	the box in item 6C only when FSA-211A will be attached to 11.				
	Important:	See item 7 if the grantor is an entity and there is an individual already authorized to act for the entity.				
		Signature <b>must</b> be witnessed by an FSA employee who verifies the identity of the grantor according to item 9. Alternatively, FSA-211 may be acknowledged by a valid Notary Public according to item 8.				
7 A-C	venture, the ir official title, a	is an entity, such as a corporation, partnership, trust, or joint adividual or individuals granting the authority <b>must</b> sign, enter their nd date, in items 7 A, B, and C, respectively. See item 6 for are individuals.				
	Important:	Signatures <b>must</b> be witnessed by an FSA employee who verifies the identity of the grantor according to item 9. Alternatively, FSA-211 may be acknowledged by a valid Notary Public according to item 8.				

## A Completing FSA-211 (Continued) \*--

# FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet (Continued)

Item Number/ Section	Instructions
8 (a)-(c)	If the signatures in item 6 or 7, as applicable, are <b>not</b> witnessed by at least 1 FSA employee, <b>FSA-211 must be acknowledged by a valid notary public in item 9</b> . The notary public's signature, State, and county of commission, and certification are required.
	Notes: In general, a notary public's certification must include:
	<ul> <li>acknowledgement ("acknowledged or subscribed before me")</li> <li>State and county of commission</li> <li>signature</li> </ul>
	<ul> <li>date</li> <li>the notary's embossing seal or stamp</li> <li>the notary's commission expiration date.</li> </ul>
	Questions specific to State law requirements about notary publics should be directed to the Regional Attorney's office or applicable Secretary of State's office
9 A-C	At least 1 FSA employee <b>must</b> witness the signature in item 6 or 7, as applicable. <b>The FSA employee must verify the grantor's identity by either personal</b> <b>knowledge or by reviewing the grantor's government-issued picture</b> <b>identification, such as a valid driver's license.</b> The employee <b>must</b> sign, date, and enter his or her official position in items 9 A, B, and C, respectively.
	Notarized FSA-211's may be accepted instead of forms witnessed by an FSA employee (item 8). When the grantor is a corporation, the corporate seal of the grantor may be accepted in place of FSA employee witness or notarization.
10 (a)-(e)	
	<b>Note:</b> FSA-211 is effective <b>only</b> when <b>all</b> the following are met:
	<ul> <li>all required items are completed</li> <li>a valid signature and date is obtained, and witnessed or notarized</li> <li>FSA-211 is served to the County Office.</li> </ul>

## A Completing FSA-211 (Continued) \*--

## **B** Completing FSA-211A

Use the following instructions to complete FSA-211A. \*--

Item						
Number/						
Section	Instructions					
	FSA-211A shall be used only when <b>all</b> of the following are met:					
	• grantor is an entity, such as a general partnership, joint venture, corporation, limited liability company, limited liability partnership, or other similar entity					
	• there is no 1 individual already authorized to act for the entity					
	• more than 2 member signatures are required.					
	Number each continuation sheet consecutively.					
	<b>Example:</b> If there are a total of 3 continuation sheets, they would be numbered "1 of 3", "2 of 3", and "3 of 3", respectively.					
	<b>Important:</b> All continuation sheets <b>must</b> be attached to applicable FSA-211.					
1	Enter the name of the attorney-in-fact from FSA-211, item 1.					
2	Enter the name of the entity from FSA-211, item 5.					
3, 4, 5, 6, 7	Individual members shall sign and date.					
A and B						
3, 4, 5, 6, 7	At least 1 FSA employee <b>must</b> witness the grantor's signature.					
C through E						
0	FSA employee must verify the grantor's identity by either personal					
	knowledge or by reviewing the grantor's government issued picture identification, like a valid driver license.					
	Grantor's signature may be notarized instead of witnessed by an FSA employee.					
3, 4, 5, 6, 7 F	If the grantor's signature is <b>not</b> witnessed by at least 1 FSA employee, <b>the form</b> <b>must be acknowledged by a valid Notary Public</b> . The Notary Public's signature, State and county of commission, and certification are required.					
	<b>Important:</b> One notary public signature may be accepted for multiple grantors only when the notary public clearly identifies each name of the grantor to which the notary applies.					
	<b>Example:</b> Jane Smith, Joe Brown, and Bill Black each sign FSA-211A at the same time in the presence of the same notary public. The notary public signs FSA-211A only once and indicates the notary signature applies to all 3 grantor signatures by identifying each name of the individuals appearing before the notary public.					

#### (Par. 728) FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet (Continued)

## C Example of FSA-211

The following is an example of FSA-211.

This form is available electronically.					
FSA-211	U.S. DEPARTM	ENT OF AGRICULTURE	-		
(12-17-08)	-081 Farm Service Agency - Natural Resources Conservation Service -				
Comm		p Insutance Corporation - Risk Managen	Aent Agency		
	POWER OF A	TTORNEY			
THE UNDERSIGNED does hereby appoind (1)	int the following grantee: of the following address: (2)_				
	in the county of: (3)		in the State of:		
(4)	the attorney	-in-fact for (5)			
(insert grantor's name) in connection with i programs checked below. NOTE: This por			r Commodity Credit Corporation		
A. FSA, NRCS and (Check applicat 1. All current programs. 2. All current and all future programs. 3. Diract and Counter-Cyclical Program. 4. Average Crop Revenue Blection Program. 5. Supplemental Revenue Assistance	le programs)     10. Noninsured Crop Disaster     Assistance Program.     11. Marketing Assistance Loaus and     Loan Decisioncy Payments.     12. Milk Income Loss Cootract     Program.	B. TRANSACTIONS for FSA. (Check applications) 1. All actions. 2. Signing applications, agreement contracts. 3. Mishing reports. 4. Constructing all mainesting stalls form and LDP transactions.	able actions) nis, and		
Paymentis Pritgram (SURE).	<ul> <li>Farm Storage Facility Lean Program.</li> </ul>	5 AGI Certification			
6. Tree Assistance Program (TAP).	14. FSA Conservation Programs				
7. Livestock indemnity Program (LiP).	15. NRCS Conservation Programs.	6. Routing Banking Accounts			
8. Livestock Forage Disaster		7: Other (Späcify):			
Program (LFP).	16. Tobacco Programs.				
<ul> <li>S. Etoergancy Assistance for Livestock, Honey Bees, and Phros-Related Fish (ELAP).</li> </ul>	17. Other (Specify):	3 <del>.</del>			
	A Reporting circle and the united States unless otherwise noted and making in the United States unless otherwise noted by NRCS or CCC as appropriate; (2) deat separate written notice of revocation to the service Center.      B. Signa (B. Signa)      arporation, (7B. Title/in the wiledged by a Notary Public unless wiledged by	lication for insurance.       6. Mak         op acreage and production       7. Other         notice of damage or loss       7. Other         claim for indemnity.       7. This power of attorney shall remain in full         n of the undersigned grantor; or <i>j</i> incompeten       applicable crop insurance agent. This power         ture Date (MM-DD-YYYY)       6C         Relationship of Individual Signing       7C         Representative Capacity       7C         turessed by a FSA employee or a corporation       7C	ce or incapacitation of the undersigned r of attorney shall not be effective . For Grantor's Signature Continuation, check here if FSA-211A is attached. . Signature Date (MM-DD-YYYY)		
Signature (a)	the State of (b)	the County of (c)	•		
FOR FSA USE ONLY 9A. Witness Signature (FSA Employee Or	nly) 9B. Signa	ture Date 90	C. Official Position		
10. This power of attorney was served to (	a)		USDA Service Center, (b) State		
	became effective this (c)	day of (d)	, (e)		
grantor. Furnishing the requested inform benefits and other financial assistance ao or authorized USDA cooperators who are E-Government Act of 2002, and related a Food. Conservation. and Energy Act of 21	The information requested is necessary for ation is voluntary. Failure to furnish the requinistered by USDA. The information collec- bound to safeguerd the information under S uthorities. The information bolloction is exen 0.08 (see Pub L. 110-246. Title I, Subitle F.	is form is the Food, Conservation, and Energy the authorized attorney-in-fact to act in a repre- seted information will result in a determination ted as a result of this form may be released to rection it 819 of the Food, Conservation and En nyled from the Fagarwork Reduction Act, as it Administration and Title II, Subtitle J - Adminis IS COMPLETED FORM TO THE APPLICAB	sentative especity for the undersigned of ineligibility for certain program USDA employees, USDA contractors, ergy Act, the Privacy Act of 1974, the is required for the administration of the istration). The provisions of criminal.		
The U.S. Department of Agriouture (USDA) prohibits discu- status, parentel status, religion, exevuel orientetion, genetic bastos apply to ell programs.) Persona with disabilities vuh (202) 720-2600 (volce and TDD). To file a complaint of di (volce) or (202) 720-6382 (TDD). USDA is an equal oppo	Information, politipal beliefs, reprisal, or because a c require alternative means for communication of p scrimination, write to USDA, Director, Office of Civil	I or part of an individual's income is derived from any p opram information (Braille, Jarge print, audiologe, etc.)	nublic essistance program. (Not all prohibited should contact USDA's TARGET Center at		

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## (Par. 728) FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet (Continued)

## **D** Example of FSA-211A

The following is an example of FSA-211A.

	n is available electronically.		ENT OF LODINIE SUSS		i
F <b>SA-2</b> (12-17-08	B) Federal Crop Insurance POWER OF A	ervice Agency - Natu a Corporation - Comm	IENT OF AGRICULTURE and Resources Conservation modify Credit Corporation - R SNATURE CONTINU	lisk Management Agency	Attachment Pages
Attach to NOTE:	Form FSA-211 The primery authonity for requesting and safe any amendments to such act as may follow), undersigned grantor. Furnishing the request	The information request sci information is volunte	sted is necessary for the authoriz ary. Failure to furbish the reques	red attorney-in-fact to act to a n ted information will result in a d	presentative capacity for the Intermination of methylbility for
	onfaite program benefits and other Handold USDA contractors, or authorized USDA cool Phrazy Aci of 1974, the E-Soverment Aci for the administration of the Food, Conserva, The provisions of chrinkay, ovil, and privacy USDA SERVICE CENTER.	essistance ediminiatered peretors who are bound t X 2002, and related suth tion, and Energy Act of 2	by USDA. The information colls to safeguard the Information und horibes. The information collectic 2008 (see Pub. L. 110-248, Tille	icted as a result of this form me ler Section 1619 of the Food, C on is exempled from the Pepen 1, Subtitle F-Administration an	y be released to USDA employee: onservation and Energy Act, the vork Reduction Act, as it is require d Title II, Subtitle J - Administration
, Name	of Astorney-In-Fact (Item (1) from FSA	-211)	2. Name of Granton	t (Item (5) from FSA-211)	
AUTHO	RIZED SIGNATURES				
A. Sigo	ature of Grantor (By)		<ol> <li>Title/Relationship of ) Representative Capac</li> </ol>		3C. Signature Date
3D. Witt	wss Signature (FS4 Employee Only)			3E. Signature Date	3F. Official Position
	ary Public (this form <b>shafi</b> be acknowle fure:				
		ing stang of			
4A Sign	ature of Grantor (By)		<ol> <li>Title/Relationship of Representative Capac</li> </ol>		4C. Signature Date
4D. Witt	ness Signature (FSA Employee Only)		L	4E. Signature Date	4F. Official Position
AG. Mot	ary Public (this form shall be acknowle	Anal him Natawa Du	hills realized write second here's D	A anniation and airmaich	to sign of assessments in affirmate
	and i anno (any rotat sumo de novidovid				······································
	ature of Grantor (By)	the State or	5B. Title/Relationship of		
JAL OIGH	aureol Granot (By)		Representative Capac		SC. Signature Date
S.D. Win	aess Signature (PSA Employee Only)		J	5E. Signature Date	5F. Official Position
5G. Noti	ary Public (this form <b>shall</b> be acknowle	dged by a Notary Pa	blic unless witnessed by a F	SA employee or a corpora	e seal of granior is affixed).
Signa	ture:	the State of		the County of	
	sture of Grantor (By)	THE PART OF THE PART OF	6B. Title/Relationship of I Representative Capac		6C. Signature.Date
6D. Wit	vess Signstore (FSA Employee Only)			6E. Signature Date	6F. Official Position
	ary Public (this form shall be acknowle				e seal of grantor is affixed).
Signa		the State of		the County of	80.0
7A Sign	ature of Grantor (By)		7B. Thte/Relationship of I Representative Capac	~ •	7C. Signature Date
7D, Witi	ness Signature (FSA Employee Only)		1	7E. Signature Date	7F. Official Position
7G. Nota	ary Public (this form shall be acknowle	dged by a Notary Pu	blic unless witnessed by a F	SA employee or a corpora	te seal of grantor is affixed).
Signa	itare:				
	partment of Agriculture (USDA) prohibits discrimination	n in all its programs and act	livities on the basis of race, color, nati	nnal opinin ana disahility and when	applicable, sex, marital status, familial

Exhibit 60

I, the undersigned, certify that:				
(Grantor) is incapacitated*, and as such is unable to execute a FSA-211, Power of Attorney, to appoint an attorney-in-fact to act on their behalf.				
2) the attached power of attorney document authorizes me to act on behalf of the Grantor for all FSA and CCC purposes.				
3) my powers with respect to those FSA and CCC programs are without limit (except as I may indicate by a separate writing attached hereto and signed by me).				
4) if my representations made in item 1 or 2 should be found to be inaccurate, erroneous, or false, any additional monies that were or must be paid but which would not have been paid but for this certification shall be refunded by me, with other charges as may apply.				
5) my representations made in items 2 and 3 are based both on (i) my careful and complete reading of the power of attorney document and on (ii) my clear and informed understanding of its intent and effect.				
Signature     Date				
(Print Name)				
* Incapacitated means that the Grantor is physically or mentally incapable of executing FSA-211.				

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## **State Codes and State Abbreviations**

Code	State	Abbrev.	Code	State	Abbrev.
01 000	Alabama	AL	32 000	Nevada	NV
02 000	Alaska	AK	33 000	New Hampshire	NH
04 000	Arizona	AZ	34 000	New Jersey	NJ
05 000	Arkansas	AR	35 000	New Mexico	NM
06 000	California	CA	36 000	New York	NY
08 000	Colorado	СО	37 000	North Carolina	NC
09 000	Connecticut	СТ	38 000	North Dakota	ND
10 000	Delaware	DE	39 000	Ohio	OH
11 000	District of Columbia	DC	40 000	Oklahoma	OK
12 000	Florida	FL	41 000	Oregon	OR
13 000	Georgia	GA	42 000	Pennsylvania	PA
14 000	Guam	GU	44 000	Rhode Island	RI
15 000	Hawaii	HI	45 000	South Carolina	SC
16 000	Idaho	ID	46 000	South Dakota	SD
17 000	Illinois	IL	47 000	Tennessee	TN
18 000	Indiana	IN	48 000	Texas	TX
19 000	Iowa	IA	49 000	Utah	UT
20 000	Kansas	KS	50 000	Vermont	VT
21 000	Kentucky	KY	51 000	Virginia	VA
22 000	Louisiana	LA	52 000	Virgin Islands	VI
23 000	Maine	ME	53 000	Washington	WA
24 000	Maryland	MD	54 000	West Virginia	WV
25 000	Massachusetts	MA	55 000	Wisconsin	WI
26 000	Michigan	MI	56 000	Wyoming	WY
27 000	Minnesota	MN	60 000	American Samoa	AS
28 000	Mississippi	MS	64 000	Federated States of Micronesia	FM
29 000	Missouri	МО	69 000	Northern Mariana Islands	MP
30 000	Montana	MT	72 000	Puerto Rico	PR
31 000	Nebraska	NE			

Offices shall use the following table to determine each State's code and USPS's State abbreviation.

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## **State and County Codes and Counties**

				01 Ala	bama	1			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
01	001	Autauga			01	069	Houston		
01	003	Baldwin			01	071	Jackson		
01	005	Barbour			01	073	Jefferson		
01	007	Bibb			01	075	Lamar		
01	009	Blount			01	077	Lauderdale		
01	011	Bullock			01	079	Lawrence		
01	013	Butler			01	081	Lee		
01	015	Calhoun			01	083	Limestone		
01	017	Chambers			01	085	Lowndes		
01	019	Cherokee			01	087	Macon		
01	021	Chilton			01	089	Madison		
01	023	Choctaw			01	091	Marengo		
01	025	Clarke			01	093	Marion		
01	027	Clay			01	095	Marshall		
01	029	Cleburne			01	097	Mobile		
01	031	Coffee			01	099	Monroe		
01	033	Colbert			01	101	Montgomery		
01	035	Conecuh			01	103	Morgan		
01	037	Coosa			01	105	Perry		
01	039	Covington			01	107	Pickens		
01	041	Crenshaw			01	109	Pike		
01	043	Cullman			01	111	Randolph		
01	045	Dale			01	113	Russell		
01	047	Dallas			01	115	St. Clair		
01	049	*DeKalb*			01	117	Shelby		
01	051	Elmore			01	119	Sumter		
01	053	Escambia			01	121	Talladega		
01	055	Etowah			01	123	Tallapoosa		
01	057	Fayette			01	125	Tuscaloosa		
01	059	Franklin			01	127	Walker		
01	061	Geneva			01	129	Washington		
01	063	Greene			01	131	Wilcox		
01	065	Hale			01	133	Winston		
01	067	Henry							

				<b>02</b> A	laska	L			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
02	001	Fairbanks		*X	02	003	Homer		*X
02	002	Delta		X*	02	005	Palmer		X*
				04 A	rizon	a			
Co	des Non- Non- Codes			Non-	Non-				
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
04	001	Apache			04	015	Mohave		
04	003	Cochise			04	017	Navajo		
04	005	Coconino			04	019	Pima		
04	007	Gila			04	021	Pinal		
04	009	Graham			04	023	Santa Cruz		
04	011	Greenlee			04	025	Yavapai		
04	012	La Paz			04	027	Yuma		
04	013	Maricopa							
				05 A1	rkansa	IS			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
05	001	Arkansas			05	023	Cleburne		
05	003	Ashley			05	025	Cleveland		
05	005	Baxter			05	027	Columbia		
05	007	Benton			05	029	Conway		
05	009	Boone			05	031	Craighead		
05	011	Bradley			05	033	Crawford		
05	013	Calhoun			05	035	Crittenden		
05	015	Carroll			05	037	Cross		
05	017	Chicot			05	039	Dallas		
05	019	Clark			05	041	Desha		
05	021	Clay			05	043	Drew		

			<b>05</b> A	rkansas	5 (Co	ntinu	ed)		
Co	des		Non-	Non-		odes		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
05	045	Faulkner			05	099	Nevada		
05	047	Franklin			05	101	Newton		
05	049	Fulton			05	103	Ouachita		
05	051	Garland			05	105	Perry		
05	053	Grant			05	107	Phillips		
05	055	Greene			05	109	Pike		
05	057	Hempstead			05	111	Poinsett		
05	059	Hot Spring			05	113	Polk		
05	061	Howard			05	115	Pope		
05	063	Independence			05	117	Prairie		
05	065	Izard			05	119	Pulaski		
05	067	Jackson			05	121	Randolph		
05	069	Jefferson			05	123	St. Francis		
05	071	Johnson			05	125	Saline		
05	073	Lafayette			05	127	Scott		
05	075	Lawrence			05	129	Searcy		
05	077	Lee			05	131	Sebastian		
05	079	Lincoln			05	133	Sevier		
05	081	Little River			05	135	Sharp		
05	083	Logan			05	137	Stone		
05	085	Lonoke			05	139	Union		
05	087	Madison			05	141	Van Buren		
05	089	Marion			05	143	Washington		
05	091	Miller			05	145	White		
05	093	Mississippi			05	147	Woodruff		
05	095	Monroe			05	149	Yell		
05	097	Montgomery							

## Exhibit 101 (Par. 917)

State and County (	<b>Codes and Counties</b>	(Continued)
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			0	6 Calif	ornia	a			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
06	001	Alameda			06	059	Orange		
06	003	Alpine			06	061	Placer		
06	005	Amador			06	063	Plumas		
06	007	Butte			06	065	Riverside		
06	009	Calaveras			06	067	Sacramento		
06	011	Colusa			06	069	San Benito		
06	013	Contra Costa			06	071	*San Bernardino*		
06	015	Del Norte			06	073	San Diego		
06	017	El Dorado			06	075	San Francisco	X	
06	019	Fresno			06	077	San Joaquin		
06	021	Glenn			06	079	San Luis Obispo		
06	023	Humboldt			06	081	San Mateo		
06	025	Imperial			06	083	Santa Barbara		
06	027	Inyo			06	085	Santa Clara		
06	029	Kern			06	087	Santa Cruz		
06	031	Kings			06	089	Shasta		
06	033	Lake			06	091	Sierra		
06	035	Lassen			06	093	Siskiyou		
06	037	Los Angeles			06	095	Solano		
06	039	Madera			06	097	Sonoma		
06	041	Marin			06	099	Stanislaus		
06	043	Mariposa			06	101	Sutter		
06	045	Mendocino			06	103	Tehama		
06	047	Merced			06	105	Trinity		
06	049	Modoc			06	107	Tulare		
06	051	Mono			06	109	Tuolumne		
06	053	Monterey			06	111	Ventura		
06	055	Napa			06	113	Yolo		
06	057	Nevada			06	115	Yuba		

				08 C	olorad	lo			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
08	001	Adams			08	063	Kit Carson		
08	003	Alamosa			08	065	Lake		
08	005	Arapahoe			08	067	La Plata		
08	007	Archuleta			08	069	Larimer		
08	009	Baca			08	071	Las Animas		
08	011	Bent			08	073	Lincoln		
08	013	Boulder			08	075	Logan		
08	014	Broomfield			08	077	Mesa		
08	015	Chaffee			08	079	Mineral		
08	017	Cheyenne			08	081	Moffat		
08	019	Clear Creek	Х		08	083	Montezuma		
08	021	Conejos			08	085	Montrose		
08	023	Costilla			08	087	Morgan		
08	025	Crowley			08	089	Otero		
08	027	Custer			08	091	Ouray		
08	029	Delta			08	093	Park		
08	031	Denver	* * *		08	095	Phillips		
08	033	Dolores			08	097	Pitkin		
08	035	Douglas			08	099	Prowers		
08	037	Eagle			08	101	Pueblo		
08	039	Elbert			08	103	Rio Blanco		
08	041	El Paso			08	105	Rio Grande		
08	043	Fremont			08	107	Routt		
08	045	Garfield			08	109	Saguache		
08	047	Gilpin	Х		08	111	San Juan	Х	
08	049	Grand			08	113	San Miguel		
08	051	Gunnison			08	115			
08	053	Hinsdale			08	117	Summit		
08	055	Huerfano			08	119	Teller		
08	057	Jackson			08	121	Washington		
08	059	Jefferson			08	123	Weld		
08	061	Kiowa			08	125	Yuma		

			(	09 Cor	nnecti	cut			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
09	001	Fairfield			09	009	New Haven		
09	003	Hartford			09	011	New London		
09	005	Litchfield			09	013	Tolland		
09	007	Middlesex			09	015	Windham		
				10 De	elawa	re			
Co	des			Non-	Non-				
St.	Co.	County	Ag.	FIPS	St.	Co.		Ag.	FIPS
10		Kent			10	005	Sussex		
10	003	New Castle							
			11 I	District	of Co	lumbi	ia		
Co	des		Non-	Non-	Co	des	_	Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
11	001	District of							
		Columbia							
		1			lorida		T	L	
	des	-	Non-	Non-		des	_	Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.		Ag.	FIPS
12		Alachua			12		Dixie		
12		Baker			12	031	Duval		
12		Bay			12	033			
12	007	Bradford			12	035	0		
12		Brevard			12	037			
12	011	Broward			12	039			
12		Calhoun			12	041	Gilchrist		
12		Charlotte			12	043	Glades		
12	017	Citrus			12	045	Gulf		
12		Clay			12	047	Hamilton		
12	021	Collier			12	049			
12	023	Columbia			12	051	Hendry		
12		*Dade, Monroe		X*	12		Hernando		
12	027	DeSoto			12	055	Highlands		

			12 ]	Florida	(Con	tinued	[)		
Co	des		Non-			des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
12	057	Hillsborough			12	097	Osceola		
12	059	Holmes			12	099	Palm Beach		
12	061	Indian River			12	101	Pasco		
12	063	Jackson			12	103	Pinellas		
12	065	Jefferson			12	105	Polk		
12	067	Lafayette			12	107	Putnam		
12	069	Lake			12	109	St. Johns		
12	071	Lee			12	111	St. Lucie		
12	073	Leon			12	113	Santa Rosa		
12	075	Levy			12	115	Sarasota		
12	077	Liberty			12	117	Seminole		
12	079	Madison			12	119	Sumter		
12	081	Manatee			12	121	Suwannee		
12	083	Marion			12	123	Taylor		
12		Martin			12	125	Union		
* * *	* * *	* * *	* * *		12	127	Volusia		
12	089	Nassau			12	129	Wakulla		
12	091	Okaloosa			12	131	Walton		
12	093	Okeechobee			12	133	Washington		
12	095	Orange							
				13 G	eorgi	a			
Co	des		Non-	Non-	Co	des	_	Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
13		Appling			13	023	Bleckley		
13	003	Atkinson			13	025	Brantley		
13	005	Bacon			13	027	Brooks		
13	007	Baker			13		Bryan		
13	009	Baldwin			13	031	Bulloch		
13	011	Banks			13		Burke		
13	013	Barrow			13	035	Butts		
13	015	Bartow			13	037	Calhoun		
13	017	Ben Hill			13	039	Camden		
13	019	Berrien			13	043	Candler		
13	021	Bibb			13	045	Carroll		

State and	County	Codes and	Counties	(Continued)
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			13 (	Georgia	(Con	tinue	d)		
Co	des		Non-	-		des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
13	047	Catoosa			13	119	Franklin		
13	049	Charlton			13	121	Fulton		
13	051	Chatham			13	123	Gilmer		
13	053	Chattahoochee			13	125	Glascock		
13	055	Chattooga			13	127	Glynn		
13	057	Cherokee			13	129	Gordon		
13	059	Clarke			13	131	Grady		
13	061	Clay			13	133	Greene		
13	063	Clayton			13	135	Gwinnett		
13	065	Clinch			13	137	Habersham		
13	067	Cobb			13	139	Hall		
13	069	Coffee			13	141	Hancock		
13	071	Colquitt			13	143	Haralson		
13	073	Columbia			13	145	Harris		
13	075	Cook			13	147	Hart		
13	077	Coweta			13	149	Heard		
13	079	Crawford			13	151	Henry		
13	081	Crisp			13	153	Houston		
13	083	*Dade*			13	155	Irwin		
13	085	Dawson			13	157	Jackson		
13	087	Decatur			13	159	Jasper		
13	089	*DeKalb*			13	161	Jeff Davis		
13	091	Dodge			13	163	Jefferson		
13	093	Dooly			13	165	Jenkins		
13	095	Dougherty			13	167	Johnson		
13	097	Douglas			13	169	Jones		
13	099	Early			13	171	Lamar		
13	101	Echols			13	173	Lanier		
13	103	Effingham			13	175	Laurens		
13		Elbert			13		Lee		
13	107	Emanuel			13	179	Liberty		
13	109	Evans			13	181	Lincoln		
13	111	Fannin			13	183	Long		
13	113	Fayette			13		Lowndes		
13	115	Floyd			13	187	Lumpkin		
13	117	Forsyth			13	189	McDuffie		

State and	County	Codes and	Counties	(Continued)
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	13 Georgia (Continued)									
Co	des		Non-	Non-		des		Non-	Non-	
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS	
13	191	McIntosh			13	259	Stewart			
13	193	Macon			13	261	Sumter			
13	195	Madison			13	263	Talbot			
13	197	Marion			13	265	Taliaferro			
13	199	Meriwether			13	267	Tattnall			
13	201	Miller			13	269	Taylor			
13	205	Mitchell			13	271	Telfair			
13	207	Monroe			13	273	Terrell			
13	209	Montgomery			13	275	Thomas			
13	211	Morgan			13	277	Tift			
13	213	Murray			13	279	Toombs			
13	215	Muscogee			13	281	Towns			
13	217	Newton			13	283	Treutlen			
13	219	Oconee			13	285	Troup			
13	221	Oglethorpe			13	287	Turner			
13	223	Paulding			13	289	Twiggs			
13	225	Peach			13	291	Union			
13	227	Pickens			13	293	Upson			
13	229	Pierce			13	295	Walker			
13	231	Pike			13	297	Walton			
13	233	Polk			13	299	Ware			
13	235	Pulaski			13	301	Warren			
13	237	Putnam			13	303	Washington			
13	239	Quitman			13	305	Wayne			
13	241	Rabun			13	307	Webster			
13	243	Randolph			13	309	Wheeler			
13	245	Richmond			13	311	White			
13	247	Rockdale			13	313	Whitfield			
13	249	Schley			13	315	Wilcox			
13	251	Screven			13	317	*Wilkes*			
13	253	Seminole			13	319	Wilkinson			
13	255	Spalding			13	321	Worth			
13	257	Stephens								

State and	County	Codes and	Counties	(Continued)
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	14 Guam										
Co	des		Non- Non- Codes			Non-	Non-				
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS		
14	001	Guam									
	15 Hawaii										
Co	des		Non-	Non-	- Codes			Non-	Non-		
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS		
15	001	Hawaii			15	007	Kauai				
15	003	Honolulu			15	009	Maui				
15	005	Kalawao	X								

				16 I	daho				
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
16	001	Ada			16	045	Gem		
16	003	Adams			16	047	Gooding		
16	005	Bannock			16	049	Idaho		
16	007	Bear Lake			16	051	Jefferson		
16	009	*Benewah, South Shoshone		X*	16	053	Jerome		
16	011	Bingham			16	055	*Kootenai, North Shoshone		Х
16	013	Blaine			16	057	Latah		
16	015	Boise			16	059	Lemhi, North Custer		X*
16	017	Bonner			16	061	Lewis		
16	019	Bonneville			16	063	Lincoln		
16	021	Boundary			16	065	Madison		
16	023	Butte			16	067	Minidoka		
16	025	Camas			16	069	Nez Perce		
16	027	Canyon			16	071	Oneida		
16	029	Caribou			16	073	Owyhee		
16	031	Cassia			16	075	Payette		
16	033	Clark			16	077	Power		
16	035	Clearwater			* * *	* * *	* * *	* * *	
16	037	*South Custer		X*	16	081	Teton		
16	039	Elmore			16	083	Twin Falls		
16	041	Franklin			16	085	Valley		
16	043	Fremont			16	087	Washington		

				17 II	linois				
Co	des		Non-	Non-	Non- Codes			Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
17	001	Adams			17	073	Henry		
17	003	Alexander			17	075	Iroquois		
17	005	Bond			17	077	Jackson		
17	007	Boone			17	079	Jasper		
17	009	Brown			17	081	Jefferson		
17	011	Bureau			17	083	Jersey		
17	013	Calhoun			17	085	Jo Daviess		
17	015	Carroll			17	087	Johnson		
17	017	Cass			17	089	Kane		
17	019	Champaign			17	091	Kankakee		
17	021	Christian			17	093	Kendall		
17	023	Clark			17	095	Knox		
17	025	Clay			17	097	Lake		
17	027	Clinton			17	099	La Salle		
17	029	Coles			17	101	Lawrence		
17	031	Cook			17		Lee		
17	033	Crawford			17	105	Livingston		
17	035	Cumberland			17		Logan		
17	037	*DeKalb*			17		McDonough		
17	039	DeWitt			17	111	McHenry		
17	041	Douglas			17	113	McLean		
17	043	*DuPage*			17	115	Macon		
17	045	Edgar			17	117	Macoupin		
17	047	Edwards			17	119	Madison		
17	049	Effingham			17	121	Marion		
17	051	Fayette			17	123	Marshall		
17	053	Ford			17	125	Mason		
17	055	Franklin			17	127	Massac		
17	057	Fulton			17	129	Menard		
17	059	Gallatin			17	131	Mercer		
17	061	Greene			17	133	Monroe		
17	063	Grundy			17	135	Montgomery		
17	065	Hamilton			17	137	Morgan		
17	067	Hancock			17	139	Moultrie		
17	069	Hardin			17	141	Ogle		
17	071	Henderson			17				

			17	Illinois (	Conti	inued)										
Co	des		Non-	Non-	Co	des		Non-	Non-							
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS							
17	145	Perry			17	175	Stark									
17	147	Piatt			17	177	Stephenson									
17	149	Pike			17	179	Tazewell									
17	151	Pope			17	181	Union									
17	153	Pulaski			17	183	Vermilion									
17	155	Putnam			17	185	Wabash									
17	157	Randolph			17	187	Warren									
17	159	Richland			17	189	Washington									
17	161	Rock Island			17	191	Wayne									
17	163	St. Clair			17	193	White									
17	165	Saline			17	195	Whiteside									
17	167	Sangamon			17	197	Will									
17	169	Schuyler			17	199	Williamson									
17	171	Scott			17	201	Winnebago									
17	173	Shelby			17	203	Woodford									
		1			diana			18 Indiana								
Co	1							1								
-	1	_	Non-	Non-		ode	_	Non-	Non-							
St	Co	County	Non- Ag	Non- FIPS	St	Co	County	Non- Ag	Non- FIPS							
<b>St</b> 18	<b>Co</b> 001	Adams			<b>St</b> 18	<b>Co</b> 033	*DeKalb*									
<b>St</b> 18 18	<b>Co</b> 001 003	Adams Allen			<b>St</b> 18 18	Co 033 035	*DeKalb* Delaware									
St           18           18           18           18	Co           001           003           005	Adams Allen Bartholomew			<b>St</b> 18 18 18	Co 033 035 037	*DeKalb* Delaware Dubois									
St           18           18           18           18           18	Co           001           003           005           007	Adams Allen Bartholomew Benton			St           18           18           18           18           18	Co 033 035 037 039	*DeKalb* Delaware Dubois Elkhart									
St           18           18           18           18           18           18           18	Co 001 003 005 007 009	Adams Allen Bartholomew Benton Blackford			St           18           18           18           18           18           18           18	Co 033 035 037 039 041	*DeKalb* Delaware Dubois Elkhart Fayette									
St           18           18           18           18           18           18           18           18           18	Co           001           003           005           007           009           011	Adams Allen Bartholomew Benton			St           18           18           18           18           18           18           18           18           18	Co 033 035 037 039 041 043	*DeKalb* Delaware Dubois Elkhart Fayette Floyd									
St           18           18           18           18           18           18           18           18           18           18           18           18           18	Co 001 003 005 007 009	Adams Allen Bartholomew Benton Blackford Boone Brown			St           18           18           18           18           18           18           18	Co 033 035 037 039 041 043 045	*DeKalb* Delaware Dubois Elkhart Fayette Floyd Fountain									
St           18           18           18           18           18           18           18           18           18           18           18           18           18           18	Co           001           003           005           007           009           011	Adams Allen Bartholomew Benton Blackford Boone			St           18           18           18           18           18           18           18           18           18	Co 033 035 037 039 041 043	*DeKalb* Delaware Dubois Elkhart Fayette Floyd Fountain Franklin									
St           18           18           18           18           18           18           18           18           18           18           18           18           18           18           18           18           18           18	Co           001           003           005           007           009           011           013	Adams Allen Bartholomew Benton Blackford Boone Brown Carroll Cass			St           18           18           18           18           18           18           18           18           18           18           18           18           18           18           18           18	Co           033           035           037           039           041           043           045           047           049	*DeKalb* Delaware Dubois Elkhart Fayette Floyd Fountain Franklin Fulton									
St           18           18           18           18           18           18           18           18           18           18           18           18           18           18           18           18           18           18	Co           001           003           005           007           009           011           013           015           017           019	Adams Allen Bartholomew Benton Blackford Boone Brown Carroll Cass Clark			St           18	Co           033           035           037           039           041           043           045           047           049           051	*DeKalb* Delaware Dubois Elkhart Fayette Floyd Fountain Franklin									
St           18	Co           001           003           005           007           009           011           013           015           017           019           021	Adams Allen Bartholomew Benton Blackford Boone Brown Carroll Cass Clark Clay			St           18	Co           033           035           037           039           041           043           045           047           049           051           053	*DeKalb* Delaware Dubois Elkhart Fayette Floyd Fountain Franklin Fulton Gibson Grant									
St           18	Co           001           003           005           007           009           011           013           015           017           019	Adams Allen Bartholomew Benton Blackford Boone Brown Carroll Cass Clark			St           18	Co           033           035           037           039           041           043           045           047           049           051           053	*DeKalb* Delaware Dubois Elkhart Fayette Floyd Fountain Franklin Fulton Gibson									
St           18	Co           001           003           005           007           009           011           013           015           017           019           021	Adams Allen Bartholomew Benton Blackford Boone Brown Carroll Cass Clark Clay			St           18	Co           033           035           037           039           041           043           045           047           049           051           053	*DeKalb* Delaware Dubois Elkhart Fayette Floyd Fountain Franklin Fulton Gibson Grant									
St           18	Co           001           003           005           007           009           011           013           015           017           019           021           023	Adams Allen Bartholomew Benton Blackford Boone Brown Carroll Cass Clark Clay Clinton			St           18	Co           033           035           037           039           041           043           045           047           049           051           053	*DeKalb* Delaware Dubois Elkhart Fayette Floyd Fountain Franklin Fulton Gibson Grant Greene Hamilton Hancock									
St           18	Co           001           003           005           007           009           011           013           015           017           019           021           023           025	Adams Allen Bartholomew Benton Blackford Boone Brown Carroll Cass Clark Clay Clark Clay Clinton Crawford			St           18	Co           033           035           037           039           041           043           045           047           049           051           053           055           057	*DeKalb* Delaware Dubois Elkhart Fayette Floyd Fountain Franklin Fulton Gibson Grant Greene Hamilton									

			18 I	ndiana	(Cont	inued	)		
Co	des		Non-	Non-	<u>`</u>	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
18	065	Henry			18	125	Pike		
18	067	Howard			18	127	Porter		
18	069	Huntington			18	129	Posey		
18	071	Jackson			18	131	Pulaski		
18	073	Jasper			18	133	Putnam		
18	075	Jay			18	135	Randolph		
18	077	Jefferson			18	137	Ripley		
18	079	Jennings			18	139	Rush		
18	081	Johnson			18	141	St. Joseph		
18	083	Knox			18	143	Scott		
18	085	Kosciusko			18	145	Shelby		
18	087	LaGrange			18	147	Spencer		
18	089	Lake			18	149	Starke		
18	091	*LaPorte*			18	151	Steuben		
18	093	Lawrence			18	153	Sullivan		
18	095	Madison			18	155	Switzerland		
18	097	Marion			18	157	Tippecanoe		
18	099	Marshall			18	159	Tipton		
18	101	Martin			18	161	Union		
18	103	Miami			18	163	Vanderburgh		
18	105	Monroe			18	165	Vermillion		
18	107	Montgomery			18	167	Vigo		
18	109	Morgan			18	169	Wabash		
18	111	Newton			18	171	Warren		
18	113	Noble			18	173	Warrick		
18	115	Ohio			18	175	Washington		
18	117	Orange			18	177	Wayne		
18	119	Owen			18	179	Wells		
18	121	Parke			18	181	White		
18	123	Perry			18	183	Whitley		

				19 ]	[owa				
Co	des		Non-	Non-		des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
19	001	Adair			19	073	Greene		
19	003	Adams			19	075	Grundy		
19	005	Allamakee			19	077	Guthrie		
19	007	Appanoose			19	079	Hamilton		
19	009	Audubon			19	081	Hancock		
19	011	Benton			19	083	Hardin		
19	013	Black Hawk			19	085	Harrison		
19	015	Boone			19	087	Henry		
19	017	Bremer			19	089	Howard		
19	019	Buchanan			19	091	Humboldt		
19	021	Buena Vista			19	093	Ida		
19	023	Butler			19	095	Iowa		
19	025	Calhoun			19	097	Jackson		
19	027	Carroll			19	099	Jasper		
19	029	Cass			19	101	Jefferson		
19	031	Cedar			19	103	Johnson		
19	033	Cerro Gordo			19	105	Jones		
19	035	Cherokee			19	107	Keokuk		
19	037	*Chickasaw*			19	109	Kossuth		
19	039	Clarke			19	111	Lee		
19	041	Clay			19	113	Linn		
19	043	Clayton			19	115	Louisa		
19	045	Clinton			19	117	Lucas		
19	047	Crawford			19	119	Lyon		
19	049	Dallas			19	121	Madison		
19	051	Davis			19	123	Mahaska		
19	053	Decatur			19	125	Marion		
19	055	Delaware			19	127	Marshall		
19	057	Des Moines			19	129	Mills		
19	059	Dickinson			19	131	Mitchell		
19	061	Dubuque			19	133	Monona		
19	063	Emmet			19	135	Monroe		
19	065	Fayette			19	137	Montgomery		
19	067	Floyd			19	139	Muscatine		
19	069	Franklin			19	141	O'Brien		
19	071	Fremont			19	143	Osceola		

State and	County	<b>Codes and</b>	Counties	(Continued)
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19 Iowa (Continued)									
Co	des		Non-		0	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
19	145	Page			19	171	Tama		
19	147	Palo Alto			19	173	Taylor		
19	149	Plymouth			19	175	Union		
19	151	Pocahontas			19	177	Van Buren		
19	153	Polk			19	179	Wapello		
19	155	East Pottawattamie		*X*	19	181	Warren		
19	156	West Pottawattamie		X	19	183	Washington		
19	157	Poweshiek			19	185	Wayne		
19	159	Ringgold			19	187	Webster		
19	161	Sac			19	189	Winnebago		
19	163	Scott			19	191	Winneshiek		
19	165	Shelby			19	193	Woodbury		
19	167	Sioux			19	195	Worth		
19	169	Story			19	197	Wright		
				20 Ka	nsas				
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
20	001	Allen			20	033	Comanche		
20	003	Anderson			20	025			
20	005				20	035	Cowley		
20	000	Atchison			20	035	Cowley Crawford		
20	007	Atchison Barber				037			
20					20	037 039	Crawford		
	007	Barber			20 20	037 039 041	Crawford Decatur		
20	007 009	Barber Barton			20 20 20	037 039 041	Crawford Decatur Dickinson		
20 20	007 009 011 013	Barber Barton Bourbon			20 20 20 20	037 039 041 043	Crawford Decatur Dickinson Doniphan		
20 20 20	007 009 011 013	Barber Barton Bourbon Brown			20 20 20 20 20 20	037 039 041 043 045	Crawford Decatur Dickinson Doniphan Douglas		
20 20 20 20	007 009 011 013 015 017	Barber Barton Bourbon Brown Butler Chase			20 20 20 20 20 20 20	037 039 041 043 045 047	Crawford Decatur Dickinson Doniphan Douglas Edwards		
20 20 20 20 20 20	007 009 011 013 015 017 019	Barber Barton Bourbon Brown Butler Chase			20 20 20 20 20 20 20 20	037 039 041 043 045 045 047 049 051	Crawford Decatur Dickinson Doniphan Douglas Edwards Elk		
20 20 20 20 20 20 20	007 009 011 013 015 017 019 021	Barber Barton Bourbon Brown Butler Chase Chautauqua			20 20 20 20 20 20 20 20 20	037 039 041 043 045 047 049 051 053	Crawford Decatur Dickinson Doniphan Douglas Edwards Elk Ellis		
20 20 20 20 20 20 20 20	007 009 011 013 015 017 019 021 023	Barber Barton Bourbon Brown Butler Chase Chautauqua Cherokee			20 20 20 20 20 20 20 20 20 20	037 039 041 043 045 047 049 051 053 055	Crawford Decatur Dickinson Doniphan Douglas Edwards Elk Ellis Ellis		
20 20 20 20 20 20 20 20 20	007 009 011 013 015 017 019 021 023	Barber Barton Bourbon Brown Butler Chase Chautauqua Cherokee Cheyenne			20 20 20 20 20 20 20 20 20 20 20	037 039 041 043 045 047 049 051 053 055 057	Crawford Decatur Dickinson Doniphan Douglas Edwards Elk Ellis Ellsworth Finney		
20 20 20 20 20 20 20 20 20 20	007 009 011 013 015 017 019 021 023 025	Barber Barton Bourbon Brown Butler Chase Chautauqua Cherokee Cheyenne Clark			20 20 20 20 20 20 20 20 20 20 20 20 20	037 039 041 043 045 047 049 051 053 055 057	Crawford Decatur Dickinson Doniphan Douglas Edwards Elk Ellis Ellis Ellsworth Finney Ford		

			20	Kansas	(Cont	inued	)		
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
20	065	Graham			20	139	Osage		
20	067	Grant			20	141	Osborne		
20	069	Gray			20	143	Ottawa		
20	071	Greeley			20	145	Pawnee		
20	073	Greenwood	-		20	147	Phillips		
20	075	Hamilton			20	149	Pottawatomie		
20	077	Harper	-		20	151	Pratt		
20		Harvey	-		20	153	Rawlins		
20	081	Haskell			20	155	Reno		
20	083	Hodgeman	-		20	157	Republic		
20	085	Jackson			20	159	Rice		
20	087	Jefferson			20	161	Riley		
20	089	Jewell	-		20	163	Rooks		
20	091	Johnson			20	165	Rush		
20	093	Kearny			20	167	Russell		
20	095	Kingman			20	169	Saline		
20	097	Kiowa			20	171	Scott		
20	099	Labette			20	173	Sedgwick		
20	101	Lane			20	175	Seward		
20	103	Leavenworth	-		20	177	Shawnee		
20	105	Lincoln	_		20	179	Sheridan		
20	107	Linn			20	181	Sherman		
20	109	Logan	-		20	183	Smith		
20	1	Lyon			20	185	Stafford		
20		McPherson	-		20	187	Stanton		
20	115	Marion			20	189	Stevens		
20	117	Marshall	-		20	191	Sumner		
20	119	Meade	-		20	193	Thomas		
20	121	Miami			20	195	Trego		
20	123	Mitchell			20	197	Wabaunsee		
20	125	Montgomery			20	199	Wallace		
20	127	Morris			20	201	Washington		
20	129	Morton			20	203	Wichita		
20	131	Nemaha			20	205	Wilson		
20	133	Neosho			20	207	Woodson		
20	135	Ness			20	209	Wyandotte		
20	137	Norton							

				21 Ke	ntuck	y			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
21	001	Adair			21	073	Franklin		
21	003	Allen			21	075	Fulton		
21	005	Anderson			21	077	Gallatin		
21	007	Ballard			21	079	Garrard		
21	009	Barren			21	081	Grant		
21	011	Bath			21	083	Graves		
21	013	Bell			21	085	Grayson		
21	015	Boone			21	087	Green		
21	017	Bourbon			21	089	Greenup		
21	019	Boyd			21	091	Hancock		
21	021	Boyle			21	093	Hardin		
21	023	Bracken			21	095	Harlan		
21	025	Breathitt			21	097	Harrison		
21	027	Breckinridge			21	099	Hart		
21	029	Bullitt			21	101	Henderson		
21	031	Butler			21	103	Henry		
21	033	Caldwell			21	105	Hickman		
21	035	Calloway			21	107	Hopkins		
21	037	Campbell			21	109	Jackson		
21	039	Carlisle			21	111	Jefferson		
21	041	Carroll			21	113	Jessamine		
21	043	Carter			21	115	Johnson		
21	045	Casey			21	117	Kenton		
21	047	Christian			21	119	Knott		
21	049	Clark			21	121	Knox		
21	051	Clay			21	123	Larue		
21	053	Clinton			21	125	Laurel		
21	055	Crittenden			21	127	Lawrence		
21	057	Cumberland			21		Lee		
21	059	Daviess			21	131	Leslie		
21	061	Edmonson			21	133	Letcher		
21	063	Elliott			21	135	Lewis		
21		Estill			21	137	Lincoln		
21	067	Fayette			21	139	Livingston		
21	069	Fleming			21	141	Logan		
21	071	Floyd			21		Lyon		

			21 K	entucky	(Con	tinue	d)		
Co	des		Non-	Non-		des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
21	145	McCracken			21	193	Perry		
21	147	McCreary			21	195	Pike		
21	149	McLean			21	197	Powell		
21	151	Madison			21	199	Pulaski		
21	153	Magoffin			21	201	Robertson		
21		Marion			21	203	Rockcastle		
21	157	Marshall			21	205	Rowan		
21	159	Martin			21	207	Russell		
21	161	Mason			21	209	Scott		
21	163	Meade			21	211	Shelby		
21	165	Menifee			21	213	Simpson		
21	167	Mercer			21	215	Spencer		
21	169	Metcalfe			21	217	Taylor		
21	171	Monroe			21	219	Todd		
21	173	Montgomery			21	221	Trigg		
21	175	Morgan			21	223	Trimble		
21	177	Muhlenberg			21	225	Union		
21	179	Nelson			21	227	Warren		
21	181	Nicholas			21	229	Washington		
21	183	Ohio			21	231	Wayne		
21	185	Oldham			21	233	Webster		
21	187	Owen			21	235	Whitley		
21	189	Owsley			21	237	Wolfe		
21	191	Pendleton			21	239	Woodford		
				22 Lou					
	des		Non-	Non-		des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
22		Acadia			22		Bossier		
22		Allen			22	017	Caddo		
22	005	Ascension			22	019	Calcasieu		
22	007	Assumption			22	021	Caldwell		
22		Avoyelles			22	023	Cameron		
22	011	Beauregard			22	025	Catahoula		
22	013	Bienville			22	027	Claiborne		

			22 L	ouisian	a (Co	ntinu	ed)		
Со	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
22	029	Concordia			22	079	Rapides		
22	031	De Soto			22	081	Red River		
22	033	East Baton Rouge			22	083	Richland		
22	035	East Carroll			22	085	Sabine		
22	037	East Feliciana			22	087	St. Bernard		
22	039	Evangeline			22	089	St. Charles		
22	041	Franklin			22	091	St. Helena		
22	043	Grant			22	093	St. James		
22	045	Iberia			22	095	St. John the Baptist		
22	047	Iberville			22	097	St. Landry		
22	049	Jackson			22	099	St. Martin		
22	051	Jefferson			22	101	St. Mary		
22	053	Jefferson Davis			22	103	St. Tammany		
22	055	Lafayette			22	105	Tangipahoa		
22	057	Lafourche			22	107	Tensas		
22	059	La Salle			22	109	Terrebonne		
22	061	Lincoln			22	111	Union		
22	063	Livingston			22	113	Vermilion		
22	065	Madison			22	115	Vernon		
22	067	Morehouse			22	117	Washington		
22	069	Natchitoches			22	119	Webster		
22	071	Orleans			22	121	West Baton Rouge		
22	073	Ouachita			22	123	West Carroll		
22	075	Plaquemines			22	125	West Feliciana		
22	077	Pointe Coupee			22	127	Winn		
				23 N	Maine	•			
	des		Non-	Non-		des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
23	001	Androscoggin			23	009	Hancock		
23	002	Houlton		Х	23	011	Kennebec		
23	003	Aroostook		*X*	23	013	Knox		
23	004	Fort Kent		Х	23	015	Lincoln		
23	005	Cumberland			23	017	Oxford		
23	007	Franklin			23	019	Penobscot		

State and County	V Codes and Count	ties (Continued)
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			23	Maine (	Conti	nued)	1					
Co	des		Non-	Non-		des		Non-	Non-			
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS			
23	021	Piscataquis			23	027	Waldo					
23	023	Sagadahoc			23	029	Washington					
23	025	Somerset			23	031	York					
	24 Maryland											
Co	des		Non-	Non-	Co	des		Non-	Non-			
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS			
24	001	Allegany			24	029	Kent					
24	003	Anne Arundel			24	031	Montgomery					
24	005	Baltimore			24	033	Prince George's					
24		Calvert			24	035	Queen Anne's					
24	011	Caroline			24	037	St. Mary's					
24	013	Carroll			24	039	Somerset					
24	015	Cecil			24	041	Talbot					
24	017	Charles			24	043	Washington					
24	019	Dorchester			24	045	Wicomico					
24	021	Frederick			24	047	Worcester					
24	023	Garrett				Indep	pendent City					
24	025	Harford			24	510	Baltimore	X				
24	027	Howard										
				5 Mass								
	des		Non-	Non-		des		Non-	Non-			
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS			
25	001	Barnstable			25	015	Hampshire					
25		Berkshire			25	017	Middlesex					
25	005	Bristol			25	019	Nantucket					
25	007	Dukes			25	021	Norfolk					
25	009	Essex			25	023	Plymouth					
25	011	Franklin			25	025	Suffolk	* * *				
25	013	Hampden			25	027	Worcester					

				26 Mi	chiga	n			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
26	001	Alcona			26	075	Jackson		
26	003	Alger			26	077	Kalamazoo		
26	005	Allegan			26	079	Kalkaska		
26	007	Alpena			26	081	Kent		
26	009	Antrim			26	083	Keweenaw		
26	011	Arenac			26	085	Lake		
26	013	Baraga			26	087	Lapeer		
26	015	Barry			26	089	Leelanau		
26	017	Bay			26	091	Lenawee		
26	019	Benzie			26	093	Livingston		
26	021	Berrien			26		Luce		
26	023	Branch			26	097	Mackinac		
26	025	Calhoun			26	099	Macomb		
26	027	Cass			26	101	Manistee		
26	029	Charlevoix			26	103	Marquette		
26	031	Cheboygan			26	105	Mason		
26	033	Chippewa			26	107	Mecosta		
26	035	Clare			26	109	Menominee		
26	037	Clinton			26	111	Midland		
26	039	Crawford			26	113	Missaukee		
26	041	Delta			26	115	Monroe		
26	043	Dickinson			26	117	Montcalm		
26	045	Eaton			26	119	Montmorency		
26	047	Emmet			26	121	Muskegon		
26	049	Genesee			26	123	Newaygo		
26	051	Gladwin			26	125	Oakland		
26	053	Gogebic			26	127	Oceana		
26	055	Grand Traverse			26	129	Ogemaw		
26	057	Gratiot			26	131	Ontonagon		
26	059	Hillsdale			26	133	Osceola		
26	061	Houghton			26	135	Oscoda		
26	063	Huron			26	137	Otsego		
26	065	Ingham			26	139	Ottawa		
26	067	Ionia			26	141	Presque Isle		
26	069	Iosco			26	143	Roscommon		
26	071	Iron			26	145	Saginaw		
26	073	Isabella			26	147	St. Clair		

			26 N	lichigan	(Con	tinue	d)			
Co	des		Non-	Non-	· `	des		Non-	Non-	
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS	
26	149	St. Joseph			26	159	Van Buren			
26	151	Sanilac			26	161	Washtenaw			
26	153	Schoolcraft			26	163	Wayne			
26	155	Shiawassee			26	165				
26	157	Tuscola								
	27 Minnesota									
Co	des		Non-	Non-	Co	des		Non-	Non-	
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS	
27	001	Aitkin			27	057	Hubbard			
27	003	Anoka			27	059	Isanti			
27	005	Becker			27	061	Itasca			
27	007	Beltrami			27	063	Jackson			
27	009	Benton			27	065	Kanabec			
27	011	Big Stone			27	067	Kandiyohi			
27	013	Blue Earth			27	069	Kittson			
27	015	Brown			27	071	Koochiching			
27	017	Carlton			27	073	Lac qui Parle			
27	019	Carver			27		Lake			
27	021	Cass			27	077	Lake of the Woods			
27	023	Chippewa			27	079	Le Sueur			
27	025	Chisago			27	081	Lincoln			
27	027	Clay			27	083	Lyon			
27	029	Clearwater			27	085	McLeod			
27	031	Cook			27	087	Mahnomen			
27	033	Cottonwood			27	089	Marshall			
27	035	Crow Wing			27	091	Martin			
27	037	Dakota			27	093	Meeker			
27	039	Dodge			27	095	Mille Lacs			
27	041	Douglas			27	097	Morrison			
27		Faribault			27		Mower			
27	045	Fillmore			27	101	Murray			
27	047	Freeborn			27	103	Nicollet			
27	049	Goodhue			27	105	Nobles			
27	051	Grant			27	107	Norman			
27	053	Hennepin			27	109	Olmsted			
27		Houston			27	111	East Otter Tail		*X*	

	27 Minnesota (Continued)										
Со	des		Non-	Non-	Co	des		Non-	Non-		
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS		
27	112	West Otter Tail		Х	27	141	Sherburne				
27	113	Pennington			27	143	Sibley				
27	115	Pine			27	145	Stearns				
27	117	Pipestone			27	147	Steele				
27	119	East Polk		*X	27	149	Stevens				
27	120	West Polk		Х	27	151	Swift				
27	121	Pope			27	153	Todd				
27	123	Ramsey			27	155	Traverse				
27		Red Lake			27	157	Wabasha				
27	127	Redwood			27	159	Wadena				
27	129	Renville			27	161	Waseca				
27	131	Rice			27	163	Washington				
27	133	Rock			27	165	Watonwan				
27	135	Roseau			27	167	Wilkin				
27	137	North St. Louis		Х	27	169	Winona				
27	138	South St. Louis		X*	27	171	Wright				
27	139	Scott			27	173	Yellow Medicine				
				28 Mis	sissip	pi					
Со	doc		N.T.	Non-	Codes						
	ucs		Non-	INOII-	Co			Non-	Non-		
St.	Co.	County	Non- Ag.	FIPS	Co St.	des Co.	County	Non- Ag.	Non- FIPS		
28	<b>Co.</b> 001	<b>County</b> Adams			<b>St.</b> 28	<b>Co.</b> 033	County DeSoto				
28 28	<b>Co.</b> 001	•			St.	<b>Co.</b> 033	•				
28	<b>Co.</b> 001 003	Adams			<b>St.</b> 28	<b>Co.</b> 033	DeSoto				
28 28 28 28 28	Co. 001 003 005	Adams Alcorn			<b>St.</b> 28 28	<b>Co.</b> 033 035	DeSoto Forrest				
28 28 28 28 28 28	Co.           001           003           005           007	Adams Alcorn Amite			<b>St.</b> 28 28 28	Co. 033 035 037	DeSoto Forrest Franklin				
28 28 28 28 28	Co. 001 003 005 007 009	Adams Alcorn Amite Attala			St.           28           28           28           28           28	Co. 033 035 037 039	DeSoto Forrest Franklin George				
28 28 28 28 28 28	Co. 001 003 005 007 009 011	Adams Alcorn Amite Attala Benton			St.           28           28           28           28           28           28           28           28	Co. 033 035 037 039 041 043	DeSoto Forrest Franklin George Greene				
28 28 28 28 28 28 28 28 28 28	Co.           001           003           005           007           009           011           013           015	Adams Alcorn Amite Attala Benton Bolivar Calhoun Carroll			St.         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28	Co.           033           035           037           039           041           043           045           047	DeSoto Forrest Franklin George Greene Grenada Hancock Harrison				
28 28 28 28 28 28 28 28 28	Co.           001           003           005           007           009           011           013           015	Adams Alcorn Amite Attala Benton Bolivar Calhoun			St.         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28	Co.           033           035           037           039           041           043           045           047	DeSoto Forrest Franklin George Greene Grenada Hancock				
28 28 28 28 28 28 28 28 28 28 28 28 28	Co.           001           003           005           007           009           011           013           015           017	Adams Alcorn Amite Attala Benton Bolivar Calhoun Carroll			St.         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28	Co.           033           035           037           039           041           043           045           047           049           051	DeSoto Forrest Franklin George Greene Grenada Hancock Harrison Hinds Holmes				
28 28 28 28 28 28 28 28 28 28 28	Co.           001           003           005           007           009           011           013           015           017           019	Adams Alcorn Amite Attala Benton Bolivar Calhoun Carroll Chickasaw			St.         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28	Co.           033           035           037           039           041           043           045           047           049           051	DeSoto Forrest Franklin George Greene Grenada Hancock Harrison Hinds				
28 28 28 28 28 28 28 28 28 28 28 28 28	Co.           001           003           005           007           009           011           013           015           017           019           021	Adams Alcorn Amite Attala Benton Bolivar Calhoun Carroll Chickasaw Choctaw			St.         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28           28         28	Co.           033           035           037           039           041           043           045           047           049           051           053	DeSoto Forrest Franklin George Greene Grenada Hancock Harrison Hinds Holmes				
28 28 28 28 28 28 28 28 28 28 28 28 28 2	Co.           001           003           005           007           009           011           013           015           017           019           021           023	Adams Alcorn Amite Attala Benton Bolivar Calhoun Carroll Chickasaw Choctaw Claiborne			St.           28	Co.           033           035           037           039           041           043           045           047           049           051           053	DeSoto Forrest Franklin George Greene Grenada Hancock Harrison Hinds Holmes Humphreys				
28 28 28 28 28 28 28 28 28 28 28 28 28 2	Co.           001           003           005           007           009           011           013           015           017           019           021           023           025	Adams Alcorn Amite Attala Benton Bolivar Calhoun Carroll Chickasaw Choctaw Claiborne Clarke			St.           28	Co.           033           035           037           039           041           043           045           047           049           051           053           055           057	DeSoto Forrest Franklin George Greene Grenada Hancock Harrison Hinds Holmes Humphreys Issaquena				
28 28 28 28 28 28 28 28 28 28 28 28 28 2	Co.           001           003           005           007           009           011           013           015           017           019           021           023           025	Adams Alcorn Amite Attala Benton Bolivar Calhoun Carroll Chickasaw Choctaw Claiborne Clarke Clay			St.           28	Co.           033           035           037           039           041           043           045           047           049           051           053           055           057	DeSoto Forrest Franklin George Greene Grenada Hancock Harrison Hinds Holmes Humphreys Issaquena Itawamba				

			28 Mi	ssissipp	oi (Co	ntinue	ed)		
Co	des		Non-	Non-		des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
28	065	Jefferson Davis			28	115	Pontotoc		
28	067	Jones			28	117	Prentiss		
28	069	Kemper			28	119	Quitman		
28	071	Lafayette			28	121	Rankin		
28		Lamar			28	123	Scott		
28	075	Lauderdale			28	125	Sharkey		
28	077	Lawrence			28	127	Simpson		
28	079	Leake			28	129	Smith		
28	081	Lee			28	131	Stone		
28	083	Leflore			28	133	Sunflower		
28	085	Lincoln			28	135	Tallahatchie		
28	087	Lowndes			28	137	Tate		
28	089	Madison			28	139	Tippah		
28	091	Marion			28	141	Tishomingo		
28	093	Marshall			28	143	Tunica		
28	095	Monroe			28	145	Union		
28	097	Montgomery			28	147	Walthall		
28	099	Neshoba			28	149	Warren		
28	101	Newton			28	151	Washington		
28	103	Noxubee			28	153	Wayne		
28	105	Oktibbeha			28	155	Webster		
28	107	Panola			28	157	Wilkinson		
28	109	Pearl River			28	159	Winston		
28	111	Perry			28	161	Yalobusha		
28		Pike			28	163	Yazoo		
	1			29 Mi	issour	i			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
29	001	Adair	Ū		29	017	Bollinger		
29	1	Andrew			29		Boone		
29	-	Atchison			29	021	Buchanan		
29		Audrain			29	023	Butler		
29		Barry			29		Caldwell		
29		Barton			29	-	Callaway		
29		Bates			29		Camden		
29		Benton			29	031	Cape Girardeau		

			29 N	Iissouri	(Con	tinued	l)		
Co	des		Non-	Non-		des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
29	033	Carroll			29	107	Lafayette		
29	035	Carter			29		Lawrence		
29	037	Cass			29	111	Lewis		
29	039	Cedar			29	113	Lincoln		
29	041	Chariton	_		29	115	Linn		
29	043	Christian			29	117	Livingston		
29	045	Clark	_		29	1	McDonald		
29	047	Clay	-		29	121	Macon		
29	l	Clinton			29	123	Madison		
29	051	Cole	_		29	125	Maries		
29	053	Cooper	_		29	127	Marion		
29		Crawford	-		29	129	Mercer		
29	057	Dade	_		29	131	Miller		
29	059	Dallas			29	133	Mississippi		
29	061	Daviess	-		29		Moniteau		
29	063	*DeKalb*			29	137	Monroe		
29	065	Dent	-		29	139	Montgomery		
29	067	Douglas			29	1	Morgan		
29		Dunklin			29	143	New Madrid		
29	071	Franklin			29	145	Newton		
29	073	Gasconade			29	147	Nodaway		
29	075	Gentry			29	149	Oregon		
29	}	Greene	-		29	1	Osage		
29	079	Grundy			29	153	Ozark		
29	081	Harrison			29	155	Pemiscot		
29	083	Henry			29	157	Perry		
29	}	Hickory			29		Pettis		
29	087	Holt			29	161	Phelps		
29	089	Howard			29	163	Pike		
29	1	Howell			29	165	Platte		
29	093	Iron			29	167	Polk		
29	095	Jackson			29	169	Pulaski		
29	097	Jasper			29	171	Putnam		
29	1	Jefferson			29	173	Ralls		
29	-	Johnson			29		Randolph		
29		Knox			29	177	-		
29	105	Laclede			29		Reynolds		

State and	County	<b>Codes and</b>	Counties	(Continued)
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			29 N	Iissouri	(Con	tinued	l)		
Co	des		Non-	Non-		des	Í	Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
29	181	Ripley			29	209	Stone		
29		St. Charles			29	211	Sullivan		
29	185	St. Clair			29	213	Taney		
29	187	St. Francois			29	215	Texas		
29	189	St. Louis			29	217	Vernon		
29	193	Ste. Genevieve			29	219	Warren		
29	195	Saline			29	221	Washington		
29	197	Schuyler			29	223	Wayne		
29	199	Scotland			29	225	Webster		
29	201	Scott			29	227	Worth		
29	203	Shannon			29	229	Wright		
29	205	Shelby				Inde	pendent City		
29	207	Stoddard			29	510	St. Louis	Х	
30 Montana									
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
30	001	Beaverhead			30	041	Hill		
30	003	Big Horn			30	043	Jefferson		
30	005	Blaine			30	045	Judith Basin		
30	007	Broadwater			30	047	Lake		
30	009	Carbon			30	049	Lewis and Clark		
30	011	Carter			30	051	Liberty		
30	013	Cascade			30	053	Lincoln		
30	015	Chouteau			30	055	McCone		
30	017	Custer			30	057	Madison		
30	019	Daniels			30	059	Meagher		
30	021	Dawson			30	061	Mineral		
30	023	Deer Lodge			30	063	Missoula		
30	025	Fallon			30	065	Musselshell		
30	027	Fergus			30	067	Park		
30	029	Flathead			30	069	Petroleum		
30	031	Gallatin			30	071	Phillips		
30	033	Garfield			30	073	Pondera		
30	035	Glacier			30	075	Powder River		
30	037	Golden Valley			30	077	Powell		
30	039	Granite			30	079	Prairie		

			<b>30</b> I	Montan	a (Co	ntinue	ed)		
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
30	081	Ravalli			30	099	Teton		
30	083	Richland			30	101	Toole		
30	085	Roosevelt			30	103	Treasure		
30	087	Rosebud			30	105	Valley		
30	089	Sanders			30	107	Wheatland		
30	091	Sheridan			30	109	Wibaux		
30	093	Silver Bow			30	111	Yellowstone		
30	095	Stillwater			* * *	* * *	* * *	* * *	
30	097	Sweet Grass	ĺ						
		1		31 N	ebrasl	ka	1		
Co	des		Non-	Non-	a a a a a a a a a a a a a a a a a a a	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
31	001	Adams			31	049	Deuel		
31	003	Antelope			31	051	Dixon		
31	005	Arthur			31	053	Dodge		
31	007	Banner			31	055	Douglas		
31	009	Blaine			31	057	Dundy		
31	011	Boone			31	059	Fillmore		
31	013	Box Butte			31	061	Franklin		
31	015	Boyd			31	063	Frontier		
31	017	Brown			31	065	Furnas		
31	019	Buffalo			31	067	Gage		
31	021	Burt			31	069	Garden		
31	023	Butler			31	071	Garfield		
31	025	Cass			31	073	Gosper		
31	027	Cedar			31	075	Grant		
31	029	Chase			31	077	Greeley		
31	031	Cherry			31	079			
31	033	Cheyenne			31	081	Hamilton		
31	035	Clay			31	083	Harlan		
31	037	Colfax			31	085	Hayes		
31	039	Cuming			31	087	Hitchcock		
31	041	Custer			31	089	Holt		
31	043	Dakota			31	091	Hooker		
31	045	*Dawes, North		X*	31	093	Howard		
		Sioux							
31	047	Dawson			31	095	Jefferson		

			31 N	ebraska	(Con	tinue	d)		
Co			Non-	Non-		des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
31	097	Johnson			31	143	Polk		
31	099	Kearney			31	145	Red Willow		
31	101	Keith			31	147	Richardson		
31	103	Keya Paha			31	149	Rock		
31	105	Kimball			31	151	Saline		
31	107	Knox			31	153	Sarpy		
31	109	Lancaster			31	155	Saunders		
31	111	Lincoln			31	157	Scotts Bluff		
31	113	Logan			31	159	Seward		
31		Loup			31	161	Sheridan		
31	117	McPherson			31	163	Sherman		
31	119	Madison			31	165	*South Sioux		X*
31	121	Merrick			31	167	Stanton		
31	123	Morrill			31	169	Thayer		
31	125	Nance			31	171	Thomas		
31	127	Nemaha			31	173	Thurston		
31	129	Nuckolls			31	175	Valley		
31	131	Otoe			31	177	Washington		
31	133	Pawnee			31	179	Wayne		
31	135	Perkins			31	181	Webster		
31	137	Phelps			31	183	Wheeler		
31	139	Pierce			31	185	York	-	-
31	141	Platte							
			1	32 N	evada				
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
32	001	Churchill			32	021	Mineral		
32	003	Clark			32	023	*Northwest Nye		Х
32	005	Douglas			32	035	Southeast Nye		X*
32		Elko			32	027	Pershing		
32	009	Esmeralda			32	029	Storey		
32	011	Eureka			32	031	Washoe		
32	013	Humboldt			32	033	White Pine		
32	015	Lander							
32	017	Lincoln				Inde	pendent City		
32	019	Lyon			32	510	Carson City		

			33	New H	lamps	hire			
Co	des		Non-	Non-	-	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
33	001	Belknap			33	011	Hillsborough		
33	003	Carroll			33	013	Merrimack		
33	005	Cheshire			33	015	Rockingham		
33	007	Coos			33	017	Strafford		
33	009	Grafton			33	019	Sullivan		
		-		34 Nev	v Jerse	ey			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
34	001	Atlantic			34	023	Middlesex		
* * *	* * *	* * *	* * *		34		Monmouth		
34	005	Burlington			34	027	Morris		
34	007	Camden			34		Ocean		
34	009	Cape May			* * *	* * *	* * *	* * *	
34	-	Cumberland			34	033	Salem		
* * *	* * *	* * *	* * *		34	035	Somerset		
34		Gloucester			34				
* * *	* * *		* * *		* * *	* * *	* * *	* * *	
34	019	*Hunterdon,		X*	34	041	*Warren,		X*
		Union					Bergen, Essex,		
34	021	Mercer					Hudson, Passaic		
				35 New	' Mexi	со			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
35	001	Bernalillo			35	023	Hidalgo		
35	003	Catron			35	025	Lea		
35	005	Chaves			35	027	Lincoln		
35	006	Cibola			35	028	Los Alamos	Х	
35	007	Colfax			35	029	Luna		
35	009	Curry			35	031	McKinley		
35	011	DeBaca			35	033	Mora		
35	013	Dona Ana			35	035	Otero		
35	015	Eddy			35		Quay		
35	017	Grant			35		Rio Arriba		
35	019	Guadalupe			35	041	Roosevelt		
35	021	Harding			35	043	Sandoval		

	35 New Mexico (Continued)											
Co	Codes Non- Non-		n	des		Non-	Non-					
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS			
35	045	San Juan			35	055	Taos	0				
35	047	San Miguel			35	057	Torrance					
35	049	Santa Fe			35	059	Union					
35	051	Sierra			35	061	Valencia					
35	053	Socorro										
				36 Ne	w Yor	k	<u>.</u>					
Co	des		Non-	Non-	Co	des		Non-	Non-			
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS			
36	001	Albany			36		Montgomery					
36	003	Allegany			* * *		* * *	* * *				
36	005	Bronx	Х		36	061	New York	Х				
36	007	Broome			36	063	Niagara					
36		Cattaraugus			36	065	Oneida					
36	011	Cayuga			36	067	Onondaga					
36		Chautauqua			36	069	Ontario					
36	015				36	071	*Orange,		X*			
							Rockland					
36	017	Chenango			36	073	Orleans					
36	019	Clinton			36	075	Oswego					
36	021	Columbia			36	077	Otsego					
36	023	Cortland			36	079	Putnam					
36	025	Delaware			36	081	Queens	X				
36		Dutchess			36	083	Rensselaer					
36	029	Erie			36		Richmond	Х				
36	031	Essex			* * *	* * *	* * *	* * *				
36		Franklin			36	089	St. Lawrence					
36		Fulton			36	091	U					
36	037	Genesee			36		Schenectady					
36	039	Greene			36	095	Schoharie					
36		Hamilton			36	097	Schuyler					
36		Herkimer			36	099	Seneca					
36		Jefferson			36	101	Steuben					
36	047	Kings	X		36	103	*Suffolk, Nassau		X*			
36	049	Lewis			36	105	Sullivan					
36	051	Livingston			36	107	Tioga					
36	053	Madison			36	109	Tompkins					
36	055	Monroe			36	111	Ulster					

	36 New York (Continued)											
Co	des		Non-	Non-		des		Non-	Non-			
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS			
36	113	Warren			36	119	Westchester					
36	115	Washington			36	121	Wyoming					
36	117	Wayne			36	123	Yates					
		• •	37	7 North	Caro	lina						
Co	des		Non-	Non-	Co	des		Non-	Non-			
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS			
37	001	Alamance			37	061	Duplin					
37	003	Alexander			37	063	Durham					
37	005	Alleghany			37	065	Edgecombe					
37	007	Anson			37	067	Forsyth					
37	009	Ashe			37	069	Franklin					
37	011	Avery			37	071	Gaston					
37	013	Beaufort			37	073	Gates					
37	015	Bertie			37	075	Graham					
37	017	Bladen			37	077	Granville					
37	019	Brunswick			37	079	Greene					
37	021	Buncombe			37	081	Guilford					
37	023	Burke			37	083	Halifax					
37	025	Cabarrus			37	085	Harnett					
37	027	Caldwell			37	087	Haywood					
37	029	Camden			37	089	Henderson					
37	031	Carteret			37	091	Hertford					
37	033	Caswell			37	093	Hoke					
37	035	Catawba			37	095	Hyde					
37	037	Chatham			37	097	Iredell					
37	039	Cherokee			37	099	Jackson					
37	041	Chowan			37	101	Johnston					
37	043	Clay			37	103	Jones					
37	045	Cleveland			37	105	Lee					
37	047	Columbus			37	107	Lenoir					
37	049	Craven			37	109	Lincoln					
37	051	Cumberland			37	111	McDowell					
37	053	Currituck			37	113	Macon					
37	055	Dare			37	115	Madison					
37	057	Davidson			37	117	Martin					
37	059	Davie			37	119	Mecklenburg					

	37 North Carolina (Continued)											
Co	des		Non-	Non-	Codes			Non-	Non-			
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS			
37	121	Mitchell			37	161	Rutherford					
37	123	Montgomery			37	163	Sampson					
37	125	Moore			37	165	Scotland					
37	127	Nash			37	167	Stanly					
37	129	New Hanover			37	169	Stokes					
37	131	Northampton			37	171	Surry					
37	133	Onslow			37	173	Swain					
37	135	Orange			37	175	Transylvania					
37	137	Pamlico			37	177	Tyrrell					
37	139	Pasquotank			37	179	Union					
37	141	Pender			37	181	Vance					
37	143	Perquimans			37	183	Wake					
37	145	Person			37	185	Warren					
37	147	Pitt			37	187	Washington					
37	149	Polk			37	189	Watauga					
37	151	Randolph			37	191	Wayne					
37	153	Richmond			37	193	Wilkes					
37	155	Robeson			37	195	Wilson					
37	157	Rockingham			37	197	Yadkin					
37	159	Rowan			37	199	Yancey					

38 North Dakota												
Co	des		Non-	Non-	Co	des		Non-	Non-			
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS			
38	001	Adams			38	055	McLean					
38	003	Barnes			38	057	Mercer					
38	005	Benson			38	059	Morton					
38	007	Billings			38	061	Mountrail					
38	009	Bottineau			38	063	Nelson					
38	011	Bowman			38	065	Oliver					
38	013	Burke			38	067	Pembina					
38	015	Burleigh			38	069	Pierce					
38	017	Cass			38	071	Ramsey					
38	019	Cavalier			38	073	Ransom					
38	021	Dickey			38	075	Renville					
38	023	Divide			38	077	Richland					
38	025	Dunn			38	079	Rolette					
38	027	Eddy			38	081	Sargent					
38	029	Emmons			38	1	Sheridan					
38	031	Foster			38	085	Sioux					
38	033	Golden Valley			38	087	Slope					
38	035	Grand Forks			38	089	Stark					
38	037	Grant			38	091	Steele					
38	039	Griggs			38	093	Stutsman					
38	041	Hettinger			38	095	Towner					
38	043	Kidder			38	097	Traill					
38	045	*LaMoure*			38	099	Walsh					
38	047	Logan			38	101	Ward					
38	049	McHenry			38	103	Wells					
38	051	McIntosh			38	105	Williams					
38	053	McKenzie										

39 Ohio											
Co	des		Non-	Non-	Co	des		Non-	Non-		
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS		
39	001	Adams			39	067	Harrison				
39	003	Allen			39	069	Henry				
39	005	Ashland			39	071	Highland				
39	007	Ashtabula			39		Hocking				
39	009	Athens			39	075	Holmes				
39	011	Auglaize			39	077	Huron				
39	013	Belmont			39	079	Jackson				
39	015	Brown			39	081	Jefferson				
39	017	Butler			39	083	Knox				
39	019	Carroll			39	085	Lake				
39	021	Champaign			39	087	Lawrence				
39		Clark			39	089	Licking				
39	025	Clermont			39	091	Logan				
39	027	Clinton			39		Lorain				
39	029	Columbiana			39	094	East Lucas		Х		
39	031	Coshocton			39	095	West Lucas		*X*		
39	033	Crawford			39	097	Madison				
39	035	Cuyahoga			39	099	Mahoning				
39		Darke			39		Marion				
39	039	Defiance			39	103	Medina				
39	041	Delaware			39	105	Meigs				
39	043	Erie			39		Mercer				
39	045	Fairfield			39	109	Miami				
39	047	Fayette			39	111	Monroe				
39		Franklin			39	113	Montgomery				
39	051	Fulton			39		Morgan				
39	053	Gallia			39		Morrow				
39	055	Geauga			39	119	Muskingum				
39		Greene			39	121	Noble				
39	059	Guernsey			39	123	Ottawa				
39		Hamilton			39	125	Paulding				
39	063	Hancock			39		Perry				
39	065	Hardin			39		Pickaway				

State and	County	<b>Codes and</b>	Counties	(Continued)
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			39	Ohio (	Contir	nued)			
Co	des		Non-	Non-	m	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
39	131	Pike			39	155	Trumbull		
39	133	Portage			39	157	Tuscarawas		
39	135	Preble			39	159	Union		
39	137	Putnam			39	161	Van Wert		
39	139	Richland			39	163	Vinton		
39	141	Ross			39	165	Warren		
39	143	Sandusky			39	167	Washington		
39	145	Scioto			39	169	Wayne		
39	147	Seneca			39	171	Williams		
39	149	Shelby			39	173	Wood		
39	151	Stark			39	175	Wyandot		
39	153	Summit							
		·	·	40 Ok	lahom	a	·		
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
40	001	Adair			40	043	Dewey		
40	003	Alfalfa			40	045			
40	005	Atoka			40	047	Garfield		
40		Beaver			40	049	Garvin		
40	009	Beckham			40	051	Grady		
40	011	Blaine			40	053	Grant		
40		Bryan			40	055	Greer		
40		Caddo			40				
40	017	Canadian			40		Harper		
40	019	Carter			40	061	Haskell		
40	021	Cherokee			40		Hughes		
40	023	Choctaw			40	065	Jackson		
40		Cimarron			40	067	Jefferson		
40	027	Cleveland			40	069	Johnston		
40		Coal			40	071	Kay		
40	031	Comanche			40	073	Kingfisher		
40		Cotton			40		Kiowa		
40	035	Craig			40	077	Latimer		
40	037	Creek			40	079	Le Flore		
40	039	Custer			40		Lincoln		
40	041	Delaware			40	083	Logan		

			40 Ol	klahoma	a (Cor	ntinue	<b>d</b> )		
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
40	085	Love			40	121	Pittsburg		
40	087	McClain			40	123	Pontotoc		
40	089	McCurtain			40	125	Pottawatomie		
40	091	McIntosh			40	127	Pushmataha		
40	093	Major			40	129	Roger Mills		
40	095	Marshall			40	131	Rogers		
40	097	Mayes			40	133	Seminole		
40	099	Murray			40	135	Sequoyah		
40	101	Muskogee			40		Stephens		
40	103	Noble			40	139	Texas		
40	105	Nowata			40	141	Tillman		
40	107	Okfuskee			40	143	Tulsa		
40	109	Oklahoma			40	145	Wagoner		
40	111	Okmulgee			40	147	Washington		
40	113	Osage			40	149	Washita		
40		Ottawa			40	151	Woods		
40	117	Pawnee			40	153	Woodward		
40	119	Payne	1						
				<b>41 O</b>	regon	1			
Co	ode		Non-	Non-		ode		Non-	Non-
St	Co	County	Ag	FIPS	St	Co	County	Ag	FIPS
41	001	Baker			4.1		T CC		
41	003				41	031	Jefferson		
	005	Benton			41		Josephine		
41		Benton Clackamas				033			
41 41	005	Clackamas			41	033	Josephine		
	005	Clackamas Clatsop			41 41	033 035 037	Josephine Klamath		
41	005 007 009	Clackamas Clatsop			41 41 41	033 035 037 039	Josephine Klamath Lake		
41 41	005 007 009 011 013	Clackamas Clatsop Columbia Coos Crook			41 41 41 41	033 035 037 039 041	Josephine Klamath Lake Lane		
41 41 41	005 007 009 011 013	Clackamas Clatsop Columbia Coos Crook			41 41 41 41 41	033 035 037 039 041 043	Josephine Klamath Lake Lane Lincoln Linn		
41 41 41 41	005 007 009 011 013 015	Clackamas Clatsop Columbia Coos Crook Curry			41 41 41 41 41 41 41	033 035 037 039 041 043 045	Josephine Klamath Lake Lane Lincoln		
41 41 41 41 41 41	005 007 009 011 013 015 017	Clackamas Clatsop Columbia Coos Crook			41 41 41 41 41 41 41 41	033 035 037 039 041 043 045 047	Josephine Klamath Lake Lane Lincoln Linn Malheur		
41 41 41 41 41 41 41	005 007 009 011 013 015 017 019	Clackamas Clatsop Columbia Coos Crook Curry Deschutes			41 41 41 41 41 41 41 41 41	033 035 037 039 041 043 045 047	Josephine Klamath Lake Lane Lincoln Linn Malheur Marion		
41 41 41 41 41 41 41 41	005 007 009 011 013 015 017 019 021	Clackamas Clatsop Columbia Coos Crook Curry Deschutes Douglas			41 41 41 41 41 41 41 41 41 41	033 035 037 039 041 043 045 047 049 051	Josephine Klamath Lake Lane Lincoln Linn Malheur Marion Morrow		
41 41 41 41 41 41 41 41 41	005 007 009 011 013 015 017 019 021 023	Clackamas Clatsop Columbia Coos Crook Curry Deschutes Douglas Gilliam			41 41 41 41 41 41 41 41 41 41 41	033 035 037 039 041 043 045 047 049 051 053	Josephine Klamath Lake Lane Lincoln Linn Malheur Marion Morrow Multnomah Polk		
41 41 41 41 41 41 41 41 41 41	005 007 009 011 013 015 017 019 021 023	Clackamas Clatsop Columbia Coos Crook Curry Deschutes Douglas Gilliam Grant Harney			41 41 41 41 41 41 41 41 41 41 41 41	033 035 037 039 041 043 045 047 049 051 053	Josephine Klamath Lake Lane Lincoln Linn Malheur Marion Morrow Multnomah		

			41 (	Dregon	(Conti	inued	)		
Coc	les		Non-	Non-	Co			Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
41	061	Union			41		Washington		
41	063	Wallowa			41		Wheeler		
41	065	Wasco			41	071	Yamhill		
			4	2 Penr	nsylva	nia			
Co	de		Non-	Non-	Co			Non-	Non-
St	Со	County	Ag.	FIPS	St	Co	County	Ag.	FIPS
42	001	Adams			42	061	Huntingdon		
42	003	Allegheny			42	063	Indiana		
42	005	Armstrong			42	065	Jefferson		
42	007	Beaver			42	067	Juniata		
42	009	Bedford			42	069	Lackawanna		
42	011	Berks			42	071	Lancaster		
42	013	Blair			42	073	Lawrence		
42	015	Bradford			42	075	Lebanon		
42	017	Bucks			42	077	Lehigh		
42	019	Butler			42	079	Luzerne		
42	021	Cambria			42	081	Lycoming		
42	023	Cameron			42	083	McKean		
42	025	Carbon			42	085	Mercer		
42	027	Centre			42	087	Mifflin		
42	029	Chester			42	089	Monroe		
42	031	Clarion			42	091	Montgomery		
42	033	Clearfield			42	093	Montour		
42	035	Clinton			42	095	Northampton		
42	037	Columbia			42		Northumberland		
42	039	Crawford			42	099	Perry		
42	041	Cumberland			42	101	Philadelphia	* * *	
42	043	Dauphin			42	103	Pike		
42		Delaware			42	105	Potter		
42	047	Elk			42		Schuylkill		
42	049	Erie			42		Snyder		
42	051	Fayette			42		Somerset		
42		Forest			42		Sullivan		
42		Franklin			42		Susquehanna		
42		Fulton			42		Tioga		
42	059	Greene			42		Union		

			42 Pen	nsylvan	ia (Co	ontinu	led)		
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
42	121	Venango			42	129	Westmoreland		
42	123	Warren			42	131	Wyoming		
42	125	Washington			42	133	York		
42	127	Wayne							
	·	·	4	4 Rhoo	le Isla	nd			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
44	001	Bristol			44	007	Providence		
44	003	Kent			44	009	Washington		
44	005	Newport							
			45	5 South	Caro	lina			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
45	001	Abbeville			45	025	Chesterfield		
45		Aiken			45	027	Clarendon		
45	005	Allendale			45	029	Colleton		
45	007	Anderson			45	031	Darlington		
45	009	Bamberg			45	033	Dillon		
45	011	Barnwell			45		Dorchester		
45	013	Beaufort			45	037	Edgefield		
45	1	Berkeley			45	039	Fairfield		
45		Calhoun			45	041	Florence		
45		Charleston			45	043	Georgetown		
45		Cherokee			45	045	Greenville		
45	023	Chester			45	047	Greenwood		

			45 Sout	h Carol	ina (C	Contin	ued)		
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
45	049	Hampton			45	071	Newberry		
45		Horry			45	073	Oconee		
45	053	Jasper			45	075	Orangeburg		
45	055	Kershaw			45	077	Pickens		
45	057	Lancaster			45	079	Richland		
45	059	Laurens			45	081	Saluda		
45	061	Lee			45	083	Spartanburg		
45	063	Lexington			45	085	Sumter		
45	065	McCormick			45	087	Union		
45	067	Marion			45	089	Williamsburg		
45	069	Marlboro			45	091	York		
			4	6 Sout	h Dak	ota			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
46	003	Aurora			46	047	Fall River		
46		Beadle			46		Faulk		
46	007	Bennett			46	051	Grant		
46	009	Bon Homme			46	053	Gregory		
46	011	Brookings			46		Haakon		
46	013	Brown			46	057	Hamlin		
46	015	Brule			46	059	Hand		
46	017	Buffalo			46		Hanson		
46	019	Butte			46	063	Harding		
46	021	Campbell			46	065	Hughes		
46	023	Charles Mix			46	067	Hutchinson		
46	025	Clark			46	1	Hyde		
46	027	Clay			46	071	Jackson		
46		Codington			46		Jerauld		
46	1	Corson			46	075	Jones		
46	033	Custer			46	077	Kingsbury		
46	035	Davison			46	079	Lake		
46	037	Day			46	081	Lawrence		
46	039	Deuel			46	083	Lincoln		
46	041	Dewey			46	085	Lyman		
46	043	Douglas			46	087	McCook		
46	045	Edmunds			46	089	McPherson		

			46 Sou	th Dake	ota (C	ontini	ied)		
Co	des		Non-	Non-	0	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
46	091	Marshall			46	113	Shannon		
46	093	Meade			46	115	Spink		
46	095	Mellette			46	117	Stanley		
46	097	Miner			46	119	Sully		
46	099	Minnehaha			46	121	Todd		
46	101	Moody			46	123	Tripp		
46	103	Pennington			46	125	Turner		
46		Perkins			46	127	Union		
46	107	Potter			46	129	Walworth		
46	109	Roberts			46	135	Yankton		
46	111	Sanborn			46	137	Ziebach		
		1		47 Te	nnesse	e		l	
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
47	001	Anderson			47	045	Dyer		
47	003	Bedford			47	047	Fayette		
47	005	Benton			47	049	Fentress		
47	007	Bledsoe			47	051	Franklin		
47	009	Blount			47	053	Gibson		
47	011	Bradley			47	055	Giles		
47	013	Campbell			47	057	Grainger		
47	015	Cannon			47	059	Greene		
47	017	Carroll			47	061	Grundy		
47	019	Carter			47	063	Hamblen		
47	021	Cheatham			47	065	Hamilton		
47	023	Chester			47	067	Hancock		
47	025	Claiborne			47	069	Hardeman		
47	027	Clay			47	071	Hardin		
47	029	Cocke			47	073	Hawkins		
47	031	Coffee			47	1	Haywood		
47	033	Crockett			47		Henderson		
47	035	Cumberland			47	1	Henry		
47	037	Davidson			47	1	Hickman		
47		Decatur			47	1	Houston		
47	041	*DeKalb*			47	1	Humphreys		
47		Dickson			47	087	1 <b>1 1</b>		

			47 Te	ennessee	e (Con	ntinue	<b>d</b> )		
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
47	089	Jefferson			47	141	Putnam		
47	091	Johnson			47	143	Rhea		
47	093	Knox			47	145	Roane		
47	095	Lake			47	147	Robertson		
47	097	Lauderdale			47	149	Rutherford		
47	099	Lawrence			47	151	Scott		
47	101	Lewis			47	153	Sequatchie		
47	103	Lincoln			47	155	Sevier		
47	105	Loudon			47	157	Shelby		
47	107	McMinn			47	159			
47	109	McNairy			47	161	Stewart		
47	111	Macon			47	163	Sullivan		
47	113	Madison			47	165	Sumner		
47	115	Marion			47	167	Tipton		
47		Marshall			47	169	Trousdale		
47	119	Maury			47	171	Unicoi		
47	121	Meigs			47	173	Union		
47		Monroe			47	175	Van Buren		
47	-	Montgomery			47	177	Warren		
47		Moore			47	179	Washington		
47	129	Morgan			47	181	Wayne		
47	1	Obion			47	183	Weakley		
47	133	Overton			47	185	· · · · · · · · · · · · · · · · · · ·		
47	135	Perry			47	187	Williamson		
47		Pickett			47	189	Wilson		
47	139	Polk							
	107			48 1	<b>Texas</b>				
Co	des		Non-	Non-	0	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
48		Anderson	8		48	1	Austin		
48		Andrews			48		Bailey		
48		Angelina			48		Bandera		
48	007	Aransas			48	1	Bastrop		
48		Archer			48	1	Baylor		
48		Armstrong			48		Bee		
48	-	Atascosa			48	023	Bell		

			48	Texas (	Conti	nued)			
Cod	es		Non-	Non-	T	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
48	029	Bexar			48		Crane	0	
48	031	Blanco			48	105	Crockett		
48	033	Borden			48	107	Crosby		
48	035	Bosque			48	109	Culberson		
48		Bowie			48	111	Dallam		
48	039	Brazoria			48	113	Dallas		
48	041	Brazos			48	115	Dawson		
48	043	Brewster			48	117	Deaf Smith		
48	045	Briscoe			48	119	Delta		
48	047	Brooks			48	121	Denton		
48	049	Brown			48	123	DeWitt		
48	051	Burleson			48	125	Dickens		
*48*	053	Burnet			48	127	Dimmit		
48	055	Caldwell			48	129	Donley		
48	057	Calhoun			48		Duval		
48	059	Callahan			48	133	Eastland		
48	061	Cameron			48	135	Ector		
48	063	Camp			48	137	Edwards		
48		Carson			48	139	Ellis		
48	067	Cass			48	141	El Paso		
48	069	Castro			48	143	Erath		
48	071	Chambers			48	145	Falls		
48	073	Cherokee			48	147	Fannin		
48	075	Childress			48	149	Fayette		
48	077	Clay			48		Fisher		
48	079	Cochran			48	153	Floyd		
48	081	Coke			48	155	Foard		
48	083	Coleman			48	157	Fort Bend		
48	085	Collin			48	159	Franklin		
48	087	Collingsworth			48	161	Freestone		
48	089	Colorado			48	163	Frio		
48	091	Comal			48	165	Gaines		
48	093	Comanche			48	167	Galveston		
48	095	Concho			48	169	Garza		
48	097	Cooke			48	171	Gillespie		
48	099	Coryell			48	173	Glasscock		
48	101	Cottle			48	175	Goliad		

State and County	Codes and	Counties	(Continued)
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			48	Texas (	Conti	nued)			
Co	des		Non-	Non-		des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
48	177	Gonzales			48	251	Johnson		
48	179	Gray			48	253	Jones		
48	181	Grayson			48	255	Karnes		
48	183	Gregg			48	257	Kaufman		
48		Grimes			48	259	Kendall		
48	187	Guadalupe			48	261	Kenedy		
48	189	Hale			48	263	Kent		
48	191	Hall			48	265	Kerr		
48	193	Hamilton			48	267	Kimble		
48	195	Hansford			48	269	King		
48	197	Hardeman			48		Kinney		
48	199	Hardin			48	273	Kleberg		
48	201	Harris			48		Knox		
48	203	Harrison			48	277	Lamar		
48	205	Hartley			48		Lamb		
48		Haskell			48	281	Lampasas		
48	209	Hays			48		La Salle		
48		Hemphill			48	285	Lavaca		
48	213	Henderson			48	287	Lee		
48	215	Hidalgo			48	289	Leon		
48	217	Hill			48	291	Liberty		
48	219	Hockley			48	293	Limestone		
48	221	Hood			48	295	Lipscomb		
48	223	Hopkins			48		Live Oak		
48	225	Houston			48	299	Llano		
48	227	Howard			48	301	Loving		
48	229	Hudspeth			48		Lubbock		
48		Hunt			48	305	Lynn		
48	233	Hutchinson			48		McCulloch		
48		Irion			48		McLennan		
48	237	Jack			48	311	McMullen		
48	239	Jackson			48		Madison		
48	241	Jasper			48	315	Marion		
48		Jeff Davis			48	317	Martin		
48	245	Jefferson			48	319	Mason		
48	247	Jim Hogg			48	321	Matagorda		
48		Jim Wells			48		Maverick		

	48 Texas (Continued)											
Codes		Non-	Non-	Codes			Non-	Non-				
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS			
48	325	Medina			48	399	Runnels					
48	327	Menard			48	401	Rusk					
48	329	Midland			48	403	Sabine					
48	331	Milam			48	405	San Augustine					
48	333	Mills			48	407	San Jacinto					
48	335	Mitchell			48	409	San Patricio					
48	337	Montague			48	411	San Saba					
48		Montgomery			48	413	Schleicher					
48		Moore			48	415	Scurry					
48	343	Morris			48		Shackelford					
48	345	Motley			48	419	Shelby					
48		Nacogdoches			48	421	Sherman					
48		Navarro			48	423	Smith					
48	351	Newton			48	425	Somervell					
48	353	Nolan			48	427	Starr					
48	355	Nueces			48	429	Stephens					
48	357	Ochiltree			48	431	1 =					
48	359	Oldham			48	433	Stonewall					
48	361	Orange			48	435	Sutton					
48		Palo Pinto			48	437	Swisher					
48	365	Panola			48	439	Tarrant					
48	367	Parker			48	441	Taylor					
48	369	Parmer			48	443	Terrell					
48	371	Pecos			48	445	Terry					
48	373	Polk			48	447	Throckmorton					
48	375	Potter			48	449	Titus					
48	377	Presidio			48	451	Tom Green					
48	379	Rains			48	453	Travis					
48	381	Randall			48	455	Trinity					
48		Reagan			48	457	1 2					
48		Real			48	1	Upshur					
48	387	Red River			48		Upton					
48		Reeves			48	463						
48		Refugio			48	465						
48		Roberts			48	467	Van Zandt					
48		Robertson			48	469	1					
48		Rockwall			48	471	Walker					

			48	Texas (	Conti	nued)			
Codes		Non-	Non-				Non-	Non-	
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
48	473	Waller			48	491	Williamson		
48	475	Ward			48	493	Wilson		
48	477	Washington			48	495	Winkler		
48	479	Webb			48	497	Wise		
48	481	Wharton			48	499	Wood		
48	483	Wheeler			48	501	Yoakum		
48	485	Wichita			48	503	Young		
48	487	Wilbarger			48	505	Zapata		
48	489	Willacy			48	507	Zavala		
				49 1	U <b>tah</b>				
Co	des		Non-	Non-	n- Codes			Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
49	001	Beaver			49	031	Piute		
49	003	Box Elder			49	033	Rich		
49	005	Cache			49	035	Salt Lake		
49	007	Carbon			49	037	San Juan		
49	009	Daggett			49	039	Sanpete		
49	011	Davis			49	041	Sevier		
49	013	Duchesne			49	043	Summit		
49		Emery			49	045	Tooele		
49	017	Garfield			49	047	Uintah		
49	019	Grand			49	049	Utah		
49	021	Iron			49	051	Wasatch		
49	023	*Juab*			49		Washington		
49	025	Kane			49	055	Wayne		
49	027	Millard			49	057	Weber		
49	029	Morgan							
				50 Ve	rmon	t			
Codes			Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag	FIPS
50	001	Addison			50	009	Essex		
50	003	Bennington			50	011	Franklin		
50	005	Caledonia			50	013	Grand Isle		
50	007	Chittenden			50	015	Lamoille		

50 Vermont (Continued)										
Codes		Non-	Non-	Codes			Non-	Non-		
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS	
50	017	Orange			50	023	Washington			
50	019	Orleans			50	025	Windham			
50	021	Rutland			50	027	Windsor			
51 Virginia										
Co	Codes		Non-	Non-	Codes			Non-	Non-	
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS	
51	001	Accomack			51	063	Floyd			
51	003	Albemarle		Х	51	065	Fluvanna			
51	005	Alleghany		Х	51	067	Franklin			
51	007	Amelia			51	069	Frederick		Х	
51	009	Amherst			51	071	Giles			
51	011	Appomattox			51	073	Gloucester			
51	013	Arlington	Х		51	075	Goochland			
51	015	Augusta			51	077	Grayson		Х	
51	017	Bath			51	079	Greene			
51	019	Bedford			51	081	Greensville		Х	
51	021	Bland			51	083	Halifax			
51	023	Botetourt			51	085	Hanover			
51	025	Brunswick			51	087	Henrico		Х	
51	027	Buchanan			51	089	Henry		Х	
51	029	Buckingham			51	091	Highland			
51	031	Campbell		Х	51	093	Isle of Wight			
51	033	Caroline			51	095	James City		Х	
51	035	Carroll		Х	51	097	King and Queen			
51	036	Charles City			51	099	King George			
51	037	Charlotte			51	101	King William			
51	041	Chesterfield			51	103	Lancaster			
51	043	Clarke			51		Lee			
51	045	Craig			51	107	Loudoun			
51	047	Culpeper			51	109	Louisa			
51	049	Cumberland			51	111	Lunenburg			
51	051	Dickenson			51	113	Madison			
51		Dinwiddie,		*X*	51	115	Mathews			
		Petersburg City								
51	057	Essex			51	117	Mecklenburg			
51	059	Fairfax			51	119	Middlesex			
51	061	Fauquier			51	121	Montgomery		Х	

51 Virginia (Continued)										
Codes			Non-	Non-	Codes			Non-	Non-	
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS	
51		Nelson			51		Rockingham,		Х	
							Harrisonburg City			
51	127	New Kent			51	167	Russell			
51	131	Northampton			51	169	Scott			
51	133	Northumberland			51	171	Shenandoah			
51	135	Nottoway			51	173	Smyth			
51	137	Orange			51	175	1 /		Х	
							Franklin City			
51	139	Page			51	177	1 2 /		Х	
							Fredericksburg			
							City			
51		Patrick			51	179	Stafford			
51		Pittsylvania			51	181	Surry			
51		Powhatan			51	183	Sussex			
51		Prince Edward			51	185				
51	149	Prince George * * *			51	187	Warren			
51	153	Prince William			51	191	Washington, Bristol City		Х	
51	155	Pulaski			51	193	Westmoreland			
51		Rappahannock			51	195	Wise			
51		Richmond			51	197				
51		Roanoke, Roanoke		X	51	199	York, Poquoson		X	
		City, Salem City					City			
51	163	Rockbridge, Buena		Х						
		Vista City,								
		Lexington City								
			In	depend	ent Ci					
51	510	Alexandria	Х		51	670	Hopewell	X		
51	515	Bedford	Х		51	683		X		
51		Chesapeake			51	685	Manassas Park	X		
51	570	Colonial Heights	Х		51	700	Newport News			
51	590	Danville	Х		51	710	Norfolk	X		
51		Fairfax	Х		51	720	Norton	X		
51	610	Falls Church	Х		51	740	Portsmouth	X		
51	650	Hampton			51	790	Staunton	X		

			51 V	/irginia	(Cont	inued	l)		
Co	des		Non-	Non-		des	Í	Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
	l.	•	In	depend	ent C	ities	•		
51	800	Suffolk			* * *	* * *	* * *	* * *	
51	810	Virginia Beach							
51	820	Waynesboro	X						
			5	2 Virgi	n Isla	nds			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
52	001	St. Croix			52	005	St. Thomas		
52	003	St. John							
	÷			53 Was	hingt	on			
Co	des		Non-	Non-	Čo	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
53	001	Adams			53	041	Lewis		
53	003	Asotin			53	043	Lincoln		
53	005	Benton			53	045	Mason		
53	007	Chelan			53	047	Okanogan		
53		Clallam			53				
53		Clark			53	051	Pend Oreille		
53		Columbia			53	053	Pierce		
53		Cowlitz			53		San Juan		
53		Douglas			53		U		
53	019	Ferry			53	059			
53	021	Franklin			53	061	*Snohomish,		X*
							North King		
53		Garfield			53		1		
53	025	Grant			53	065	Stevens		
53	027	Grays Harbor			53	067	Thurston		
53		Island			53	069			
53		Jefferson			53	071	Walla Walla		
53		*South King		X*	53	073	Whatcom		
53		Kitsap			53	075	Whitman		
53	037	Kittitas			53	077	Yakima		
53	039	Klickitat							

		1	1	4 West	· · ·		T		[
	des	_	Non-	Non-		des	-	Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	v	Ag.	FIPS
54		Barbour			54		Mineral		
54	003	Berkeley			* * *	* * *	* * *		
54	005	Boone			54	061	Monongalia		
54	007	Braxton			54	063	Monroe		
54	009	Brooke			54	065	Morgan		
54	011	Cabell			54	067	Nicholas		
54	013	Calhoun			54	069	Ohio		
54	015	Clay			54	071	Pendleton		
54	017	Doddridge			54	073	Pleasants		
54	019	Fayette			54	075	Pocahontas		
54		Gilmer			54	077	Preston		
54	023	Grant			54	079	Putnam		
54	025	Greenbrier			54	081	Raleigh		
54	027	Hampshire			54	083	Randolph		
54	029	Hancock			54	085	Ritchie		
54	031	Hardy			54	087	Roane		
54	033	Harrison			54	089	Summers		
54	035	Jackson			54	091	Taylor		
54	037	Jefferson			54	093	Tucker		
54	039	Kanawha			54	095	Tyler		
54	041	Lewis			54	097	Upshur		
54	043	Lincoln			54	099	Wayne		
54	045	*Logan, Mingo		X*	54	101	Webster		
* * *	* * *	* * *	* * *		54	103	Wetzel		
54	049	Marion			54	105	Wirt		
54	051	Marshall			54	107	Wood		
54	053	Mason			54	109	Wyoming		
54	055	*Mercer,		X*					
		McDowell							

### State and County Codes and Counties (Continued)

#### Exhibit 101 (Par. 917)

### State and County Codes and Counties (Continued)

	55 Wisconsin								
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
55	001	Adams			55	073	Marathon		
55	003	Ashland			55	075	Marinette		
55	005	Barron			55	077	Marquette		
55	007	Bayfield			55	078	Menominee		
55	009	Brown			55	079	Milwaukee		
55	011	Buffalo			55	081	Monroe		
55	013	Burnett			55	083	Oconto		
55	015	Calumet			55	085	Oneida		
55	017	Chippewa			55	087	Outagamie		
55	019	Clark			55	089	Ozaukee		
55	021	Columbia			55	091	Pepin		
55	023	Crawford			55	093	Pierce		
55	025	Dane			55	095	Polk		
55	027	Dodge			55	097	Portage		
55	029	Door			55	099	Price		
55	031	Douglas			55	101	Racine		
55	033	Dunn			55	103	Richland		
55	035	Eau Claire			55	105	Rock		
55	037	Florence			55	107	Rusk		
55	039	Fond du Lac			55	109	St. Croix		
55	041	Forest			55	111	Sauk		
55	043	Grant			55	113	Sawyer		
55	045	Green			55	115	Shawano		
55	047	Green Lake			55	117	Sheboygan		
55	049	Iowa			55	119	Taylor		
55	051	Iron			55	121	Trempealeau		
55	053	Jackson			55	123	Vernon		
55	055	Jefferson			55	125			
55	057	Juneau			55	127	Walworth		
55	059	Kenosha			55	129	Washburn		
55	061	Kewaunee			55	131	Washington		
55	063	La Crosse			55	133	Waukesha		
55	065	Lafayette			55	135	Waupaca		
55	067	Langlade			55	137	Waushara		
55	069	Lincoln			55	139	Winnebago		
55	071	Manitowoc			55	141	Wood		

State and	County	Codes and	Counties	(Continued)
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				56 Wy	omin	g			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
56	001	Albany			56	025	Natrona		
56	003	Big Horn			56	027	Niobrara		
56	005	Campbell			56	029	Park		
56	007	Carbon			56	031	Platte		
56	009	Converse			56	033	Sheridan		
56	011	Crook			56	035	Sublette		
56	013	Fremont			56	037	Sweetwater		
56	015	Goshen			56	039	Teton		
56	017	Hot Springs			56	041	Uinta		
56	019	Johnson			56	043	Washakie		
56	021	Laramie			56	045	Weston		
56	023	Lincoln							
		·	60	Amerio	can Sa	moa			
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
60	001	American Samoa	Ū						
		64	Federa	ated Sta	tes of	Micr	onesia	•	
Co	des		Non-	Non-	Co	des		Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
64	040	*Pohnpei*							
		(	69 Nor	thern <b>N</b>	Iarian	na Isla	nds		
Co	des		Non-	Non-	- Codes			Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
69	100	Rota			69	120	*Tinian*		
69	110	Saipan							

## State and County Codes and Counties (Continued) \*--

				72 Puer	to Rico	)			
Codes		Office/	Non-		Codes		Office/	Non-	
St.	Co.	Municipality	FIPS	Office	St.	Co.	Municipality	FIPS	Office
72	001	Adjuntas		Yes	72	081	Lares	X	Yes
72	013	Arecibo	X	Yes	72	097	Mayaguez	X	Yes
72	019	Barrenquitas	X	Yes	72	113	Ponce	Х	Yes
72	025	Caguas	X	Yes	72	141	Utuado	X	Yes
72	047	Corozal	X	Yes					

Notes: 72013 Arecibo consists of the following municipalities: Arecibo, Barceloneta, Camuy, Ciales, Florida, Hatillo, Manati, Morovis, Quebradillas, and Vega Baja.

72019 Barrenquitas consists of the following municipalities: Barrenquitas, Aibonito, Comerio, and Orocovis.

72025 Caguas consists of the following municipalities: Caguas, Aguas Buenas, Canovanas, Carolina, Cayey, Ceiba, Cidra, Culebras, Fajardo, Guaynabo, Gurabo, Humacao, Juncos, Las Piedras, Loiza, Luquillo, Naguabo, Rio Grande, San Juan, San Lorenzo, Trujillo Alto, Vieques, and Yabucoa.

72047 Corozal consists of the following municipalities: Corozal, Bayamon, Catano, Dorado, Naranjito, Toa Alta, Toa Baja, and Vega Alta.

72081 Lares consists of the following municipalities: Lares and San Sebastian.

72097 Mayaguez consists of the following municipalities: Mayaguez, Aguada, Aguadilla, Anasco, Cabo Rojo, Guanica, Hormigueros, Isabela, Lajas, Las Marias, Mariaco, Moca, Rincon, Sabana Grande, and San German.

72113 Ponce consists of the following municipalities: Ponce, Arroyo, Coamo, Guayama, Guayanilla, Juana Diaz, Maunabo, Patillas, Penuelas, Salinas, Santa Isabel, Villalba, and Yauco.

72141 Utuado consists of the following municipalities: Utuado and Jayuya.--\*

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#### **Approved Abbreviations and Acronyms**

#### **A** Mandatory Abbreviations and Acronyms

Offices shall use the following table to determine FSA use of mandatory abbreviations and acronyms.

Note: The list is in alphabetical order by abbreviation or acronym.

Abbreviation						
or Acronym	Term					
AAOM	Associate Administrator for Operations and Management					
ACH	Automated Clearing House					
ACP	Agricultural Conservation Program					
ACR	acreage conservation reserve					
ACRE	average crop revenue election					
ACRS	Automated Cotton Reporting System					
ACS	automated claims system					
ADC	Application Development Center					
ADP	automated data processing					
ADPS	Automated Discrepancy Processing System					
AFIDA	Agricultural Foreign Investment Disclosure Act					
AGI	adjusted gross income					
AgLearn	Agriculture Learning Service Database					
AID	Agency for International Development					
ALS	Appeals and Litigation Staff					
a.m.	before noon					
AMD	Acquisition Management Division					
AMS	Agricultural Marketing Service					
APFO	Aerial Photography Field Office					
APH	actual production history					
APHIS	Animal and Plant Health Inspection Service					
APSS	automated price support system					
ARCP	Agricultural Resource Conservation Program					
ARP	Acreage Reduction Program					
ARS	Agricultural Research Service					
ATM	automated teller machine					
AWOL	absent without leave					
AWP	adjusted world price					
BIA	Bureau of Indian Affairs					
BLM	Bureau of Land Management					
BOC	budget object code					
BQL	base quota level					
BUD	Budget Division					

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Abbreviation	
or Acronym	Term
CAB	crop acreage base
CAIVRS	Credit Alert Interactive Voice Response System
CAMS	Combined Administrative Management System
CAT	Catastrophic Risk Protection Program
CCC	Commodity Credit Corporation
CCE	common computing environment
CDP	Crop Disaster Program
CED	County Executive Director
CEPD	Conservation and Environmental Programs Division
CFR	Code of Federal Regulations
CLP	Certified Lender Program
CLU	common land unit
CMA	Cooperative Marketing Association
CMC	Community Committee
COB	close of business
COC	County Committee
COD	Commodity Operations Division
COE	County Office expense
COPS	Cotton Online Processing System
COR	county operations reviewer
CORP	County Operations Review Program
COT	County Operations Trainee
COWM	County Office work measurement
CR	Office of Civil Rights, USDA
CREP	Conservation Reserve Enhancement Program
CRES	Conservation Reporting and Evaluation System
CRP	Conservation Reserve Program
CRP-SIP	CRP-Signing Incentive Payment
CRS	Common Receivable System
CSREES	Cooperative State Research, Education, and Extension Service
CSRS	Civil Service Retirement System
c.t.	central time
CU	conserving uses
CW	converted wetland

# A Mandatory Abbreviations and Acronyms (Continued) \*--

Abbreviation	
or Acronym	Term
DACO	Deputy Administrator for Commodity Operations
DAFLP	Deputy Administrator for Farm Loan Programs
DAFO	Deputy Administrator for Field Operations
DAFP	Deputy Administrator for Farm Programs
DALR\$	Debt and Loan Restructuring System
DAM	Deputy Administrator for Management
DCIA	Debt Collection Improvement Act of 1996
DCP	Direct and Counter-Cyclical Program
DD	District Director
DDAP	Dairy Disaster Assistance Payment
DIPP	Dairy Indemnity Payment Program
DLS	Direct Loan System
DMA	Designated Marketing Association
DOI	Department of the Interior
DOJ	Department of Justice
DR	Departmental Regulation
DRPP	Dairy Refund Payment Program
DSA	disaster set-aside
DTP	Dairy Termination Program
DVD	digital video disc

A Mandatory Abbreviations and Acronyms (Continued) \*--

Abbreviation or Acronym	Term
EAP	Employee Assistance Program
ECOA	Equal Credit Opportunity Act
ECP	Emergency Conservation Program
EE	economic emergency loan
EEO	equal employment opportunity
EEOC	Equal Employment Opportunity Commission
EFAP	Emergency Feed Assistance Program
EFP	Emergency Feed Program
EFT	electronic funds transfer
ELS	extra long staple
EM	emergency loan
EPA	Environmental Protection Agency
EQIP	Environmental Quality Incentives Program
ERS	Economic Research Service
ESS	Executive Secretariat Staff
e.t.	eastern time
EWP	Emergency Watershed Protection Program
EWR	electronic warehouse receipt
EWRP	Emergency Wetlands Reserve Program

Abbreviation or Acronym	Term
FAS	Foreign Agricultural Service
FAV	fruit and vegetable
FAX	facsimile system or the act of sending a message by the facsimile system
FBI	Federal Bureau of Investigation
FBP	Farm Business Plan
FCA	Farm Credit Administration
FCC	Federal Communications Commission
FCIC	Federal Crop Insurance Corporation
FDA	Food and Drug Administration
FDIC	Federal Deposit Insurance Corporation
FEGLI	Federal Employees' Group Life Insurance
FEHB	Federal Employee Health Benefits
FEMA	Federal Emergency Management Agency
FERS	Federal Employees Retirement System
FFAS	Farm and Foreign Agricultural Services
FFIS	Foundation Financial Information System
FFLP	Farm Facility and Drying Equipment Loan Program
FIP	Forestry Incentive Program
FIPS	Federal Information Processing Standards

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Abbreviation					
or Acronym	Term				
FLC	Farm Loan Chief				
FLM	Farm Loan Manager				
FLO	Farm Loan Officer				
FLOO	Farm Loan Operations Office, St. Louis, Missouri				
FLOT	Farm Loan Officer Trainee				
FLP	Farm Loan Programs				
FMD	Financial Management Division				
FNS	Food and Nutrition Service				
FO	farm ownership loan				
FOIA	Freedom of Information Act				
FR	Federal Register				
FRB	Federal Reserve Bank				
FRC	Federal Records Center				
FS	Forest Service				
FSA	Farm Service Agency				
FSC	Financial Services Center, FMD				
FSFL	Farm Storage Facility Loan				
FSIS	Food Safety and Inspection Service				
	<b>Note:</b> Do not confuse with the Federal-State Inspection Service, AMS.				
FSN	farm serial number				
FTE	full-time equivalent				
FTS	Federal Telecommunications System				
FWS	Fish and Wildlife Service, DOI				
FY	fiscal year				

#### A Mandatory Abbreviations and Acronyms (Continued)

Abbreviation				
or Acronym	Term			
GAO	Government Accountability Office			
GIPSA	Grain Inspection, Packers, and Stockyards Administration			
GIS	Geographic Information System			
GLS	Guaranteed Loan System			
GPO	Government Printing Office			
GRP	Grassland Reserve Program			
GS	General Schedule			
GSA	General Services Administration			
HEL	highly erodible land			
HELC	highly erodible land conservation			
HRD	Human Resources Division			
ICC	Interstate Commerce Commission			
IRS	Internal Revenue Service			
ITSD	Information Technology Services Division			
KCCC	Kansas City Computer Center			
KCCO	Kansas City Commodity Office			
KCHRO	Kansas City Human Resources Office			

Abbreviation				
or Acronym	Term			
LA	loss adjusters			
LAA	local administrative area			
LAN	local area network			
LAP	Livestock Assistance Program			
LCP	Livestock Compensation Program			
LDP	loan deficiency payment			
LFP	Livestock Forage Disaster Program			
LIP	Livestock Indemnity Program			
LLC	limited liability company			
LMD	Loan Making Division			
LSA	Loan Servicing Agent			
LSPMD	Loan Servicing and Property Management Division			
M&IE	meals and incidental expenses			
MAC	Management of Agricultural Credit			
MAL	marketing assistance loan			
MILC	Milk Income Loss Contract			
MOU	memorandum of understanding			
MPL	marginal pasture land			
MSD	Management Services Division			
MSPB	Merit Systems Protection Board			
m.t.	mountain time			
NAD	National Appeals Division			
NALR	national average loan rate			
NAP	Noninsured Crop Disaster Assistance Program			
NASCOE	National Association of FSA County Office Employees			
NASS	National Agricultural Statistics Service			
NEPA	National Environmental Policy Act			
NFC	National Finance Center			
NITC	National Information Technology Center			
NPS	National Payment Service			
NRCS	Natural Resources Conservation Service			

A 1 1				
Abbreviation				
or Acronym	Term			
OALJ	Office of Administrative Law Judges			
OBPA	Office of Budget and Program Analysis			
OBPI	Office of Business and Program Integration, FSA			
OBF	Office of Budget and Finance			
OC	Office of Communications			
OCFO	Office of the Chief Financial Officer			
OCIO	Office of the Chief Information Officer			
OCR	Office of Civil Rights, FSA			
OEA	Office of External Affairs, FSA			
OFR	Office of Federal Register			
OGC	Office of the General Counsel			
OHRM	Office of Human Resources Management			
OIG	Office of the Inspector General			
OL	operating loan			
OMB	Office of Management and Budget			
00	Office of Operations			
OPF	official personnel folder			
OPM	Office of Personnel Management			
ORACBA	Office of Risk Assessment and Cost-Benefit Analysis			
ORAS	Operations Review and Analysis Staff			
OSDBU	Office of Small and Disadvantaged Business Utilization			
OTC	Operations and Testing Center, ITSD			

# A Mandatory Abbreviations and Acronyms (Continued) \*--

Abbreviation				
or Acronym	Term			
PAS	Public Affairs Staff			
PC	personal computer			
P&CP	planted and considered planted			
PDD	Procurement and Donations Division			
PDEED	Program Development and Economic Enhancement Division			
PECD	Production, Emergencies, and Compliance Division			
PII	personally identifiable information			
PLAS	Program Loan Accounting System			
PLCE	Program Loan Cost Expense			
PLM	payment limitation			
p.m.	after noon			
P.O.	post office			
PPH	producer payment history			
PSD	Price Support Division			
p.t.	pacific time			
PT	Program Technician			
Pub. L.	public law			
RBS	Rural Business-Cooperative Service			
RCO	Regional Compliance Office, RMA			
RCWP	Rural Clean Water Program			
RD	Rural Development			
Rev.	revision			
RHF	rural housing loan for farm service buildings			
RHS	Rural Housing Service			
RIF	reduction-in-force			
RIG	Regional Inspector General			
RL	recreation loan			
RMA	Risk Management Agency			
RO	Regional Office, RMA			
RUS	Rural Utilities Service			

A Mandatory Abbreviations and Acronyms (Continued) \*--

Abbreviation or Acronym	Term		
SBA	Small Business Administration		
SCA	Service Center Agency		
SCIMS	Service Center Information Management System		
SCOAP	State and County Office Automation Project		
SDA	socially disadvantaged		
SEC	Office of the Secretary		
SED	State Executive Director		
SPO	servicing personnel office		
SRR	soil rental rate		
SSA	Social Security Administration		
SSFL	Sugar Storage Facility Loan		
Stat.	United States statutes-at-large		
STC	State Committee		
SW	soil and water loan		
T&A	time and attendance		
TAA	Trade Adjustment Assistance		
TAP	Tree Assistance Program		
TDD	telecommunication device for the deaf		
TDY	temporary duty		
TIN	tax identification number		
ТОР	Treasury Offset Program		
TTPP	Tobacco Transition Payment Program		

# A Mandatory Abbreviations and Acronyms (Continued) \*--

Abbreviation				
or Acronym	Term			
UCC	Uniform Commercial Code			
UGRSA	Uniform Grain and Rice Storage Agreement			
U.S.C.	United States Code			
USDA	United States Department of Agriculture			
USGS	United States Geological Survey			
USPAP	Uniform Standards of Professional Appraisal Practice			
USPS	United States Postal Service			
VDT	video display terminal			
WAOB	World Agricultural Outlook Board			
WBP	Water Bank Program			
WC	wetland conservation			
WGI	within-grade increase			
WQIP	Water Quality Incentive Projects			
WRP	Wetlands Reserve Program			
ZIP Code	Zoning Improvement Plan Code			

#### **B** Optional Abbreviations and Acronyms

Offices shall use the following table to determine FSA use of optional abbreviations and acronyms.

**Note:** The list is in alphabetical order by abbreviation or acronym.

Abbreviation				
or Acronym	Term			
Amend.	amendment			
*AU	animal unit*			
bu.	bushel			
Cntd	continued			
Co.	company			
C/S	cost share			
cwt.	hundredweight; cwt. = 100 pounds			
Ex.	exhibit			
FAB	flexible acreage base			
FFC	failure to fully comply			
* * *	* * *			
ID	identification			
Inc.	incorporated			
lb.	pound			
MW	Midwest			

Abbreviation or Acronym	Term
N/A	not applicable
NE	Northeast
NL	not subject to payment limitation
No.	number
NW	Northwest
Par.	paragraph
SE	Southeast
SL	subject to payment limitation
SSN	Social Security number
St	street
SW	Southwest
TC	table of contents
T/C	transaction code
U.S.	United States
* **	* * *
wt.	weight

#### **B** Optional Abbreviations and Acronyms (Continued)

	Facility Types and Codes				
Code	Description	Code	Description		
1	Grain Warehouse	15	Peanut Dealer		
2	Cotton Warehouse	16	Tobacco Assoc Burley		
3	Cotton Gin	17	Tobacco Assoc Cigar Binder		
4	Rice Warehouse	18	Tobacco Assoc Cigar Filler		
5	Honey Warehouse	19	Tobacco Assoc Cigar Binder & Filler		
6	Prod. Coop Feed Grain	20	Tobacco Assoc Cigar Wrapper		
7	Prod. Coop Wheat	21	Tobacco Assoc Dark Air Cured		
8	Prod. Coop Soybeans	22	Tobacco Assoc Fire Cured		
9	Prod. Coop Cotton	23	Tobacco Assoc Flue Cured		
10	Prod. Coop Rice	33	Tobacco Auction Warehouse - Fire Cured		
11	Peanut Association	34	Tobacco Auction Warehouse - Flue Cured		
12	Peanut Warehouse	35	Tobacco Auction Warehouse - Maryland		
13	Peanut Handler	36	Tobacco Auction Warehouse - VA Fire Cured		
14	Peanut Buying Point	37	Tobacco Auction Warehouse - VA Sun Cured		

	Facility Types and Codes				
Code	Description	Code	Description		
38	Tobacco Dealer	54	Acting Farm Loan Manager		
39	Defense Facilities	55	County Executive Director		
40	Financial Institutions, includes Federal Reserve	56	Farm Loan Officer (up to 5)		
41	Wool & Mohair Warehouse	57	Farm Loan Specialist		
42	Cotton Buyers	58	Farm Loan Chief		
43	Food, Feed, & Seed Facilities	59	District Director		
44	Fertilizer Facilities	60	State Executive Director		
45	Local Contractors & Vendors	61	Office of the Area Supervisor, National Appeals Division		
46	Crop Insurance Agencies	62	State Mediation Program		
47	Other Local Agri-Businesses	63	Tobacco Receiving Station - Flue Cured		
48	News Media	64	Reserved		
49	Federal, State, Local Govt.	65	Tobacco Receiving Station - Burley		
50	Other FSA County Offices				
51	Wool and Mohair Out-of-County Buyers				
52	Loss Adjuster	99	Other Entities		
53	Farm Loan Manager				

### Approved Facility Types and Codes (Continued)

#### **USPS Abbreviations for SCIMS Name and Address Records**

#### Α Purpose

This exhibit provides authorized USPS abbreviations to be used by all County Offices when entering name and address data in SCIMS for producers.

#### B

Directional Abbreviations The following table shows the list of official USPS directional abbreviations for addresses.

Direction	Abbreviation	Direction	Abbreviation
North	Ν	Northeast	NE
East	Е	Southeast	SE
South	S	Northwest	NW
West	W	Southwest	SW

### С Street

The following table shows the list of official USPS street designator abbreviations.

# Abbreviations

Street Designator	Abbreviation	Street Designator	Abbreviation	Street Designator	Abbreviation
Alley	ALY	Beach	BCH	Branch	BR
Annex	ANX	Bend	BND	Bridge	BRG
Arcade	ARC	Bluff	BLF	Brook	BRK
Avenue	AVE	Bottom	BTM	Burg	BG
Bayou	BYU	Boulevard	BLVD	Bypass	ВҮР

### USPS Abbreviations for SCIMS Name and Address Records (Continued)

#### C Street Abbreviations (Continued)

Street Designator	Abbreviation	Street Designator	Abbreviation	Street Designator	Abbreviation
Camp	СР	Dam	DM	Freeway	FWY
Canyon	CYN	Divide	DV	Gardens	GDNS
Cape	СРЕ	Drive	DR	Gateway	GATEWAY
Causeway	CSWY	Estates	EST	Glen	GLN
Center	CTR	Expressway	EXPY	Green	GRN
Circle	CIR	Extension	EXT	Grove	GRV
Cliffs	CLFS	Fall	FALL	Harbor	HBR
Club	CLB	FALLS	FALS	Haven	HVN
Corner	COR	Ferry	FRY	Heights	HTS
County	COUNTY	Field	FD	Highway	HWY
Course	CRSE	Fields	FLDS	Hill	HL
Court	СТ	Flats	FLT	Hills	HLS
Courts	CTS	Ford	FRD	Hollow	HOLW
Cove	CV	Forest	FRST	Inlet	INLT
Creek	CRK	Forge	FRG	Island	IS
Crescent	CRES	Fork	FRK	Islands	ISS
Crossing	XING	Forks	FRKS	Isle	ISLE
Dale	DL	Fort	FT	Junction	JCT

### USPS Abbreviations for SCIMS Name and Address Records (Continued)

#### C Street Abbreviations (Continued)

Street Designator	Abbreviation	Street Designator	Abbreviation	Street Designator	Abbreviation
Key	KY	Mount	MT	Prairie	PR
Knolls	KNLS	Mountain	MTN	Radial	RADL
Lake	LK	Neck	NCK	Ranch	RNCH
Lakes	LKS	Orchard	ORCH	Rapids	RPDS
Landing	LNDG	Oval	OVAL	Rest	RST
Lane	LN	Park	PARK	Ridge	RDG
Light	LGT	Parkway	РКҮ	River	RIV
Loaf	LF	Pass	PASS	Road	RD
Locks	LCKS	Path	РАТН	Route	RR
Lodge	LDG	Pike	PIKE	Row	ROW
Loop	LOOP	Pines	PNES	Run	RUN
Mall	MALL	Place	PL	Shoal	SHL
Manor	MNR	Plain	PLN	Shoals	SHLS
Meadows	MDWS	Plains	PLNS	Shore	SHR
Mill	ML	Plaza	PLZ	Shores	SHRS
Mills	MLS	Point	РТ	Spring	SPG
Mission	MSN	Port	PRT	Springs	SPGS

#### USPS Abbreviations for SCIMS Name and Address Records (Continued)

#### C Street Abbreviations (Continued)

Street Designator	Abbreviation	Street Designator	Abbreviation	Street Designator	Abbreviation
Spur	SPUR	Trace	TRCE	Viaduct	VIA
Square	SQ	Track	TRAK	View	VW
State	STATE	Trail	TRL	Village	VLG
Station	STA	Trailer	TRLR	Ville	VL
Stream	STRM	Tunnel	TUNL	Vista	VIS
Street	ST	Turnpike	ТРКЕ	Walk	WALK
Summitt	SMT	Union	UN	Way	WAY
Terrace	TER	Valley	VLY	Wells	WLS

**Note:** Address exceeding 26 characters shall include listed abbreviations or be truncated.