UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency Washington, DC 20250 **Notice SEM-39**

For: FSA Offices

Submitting FSA-783, Emergency Operations for FSA Employees Contact Information and Phone Tree

Montoffeel

Approved by: Deputy Administrator for Management

1 Overview

A Background

FSA has implemented the MIR3 emergency notification system to promote effective and efficient notification and accountability of all FSA employees, including volunteers and interns. MIR3:

- is invaluable for providing quick notifications about natural or man-made disasters, severe weather, or building closures by quickly launching a mass notification, and
- allows recipients to respond by voice or text.

The FSA-783 (**08-06-14**) has been revised to ensure that FSA has the most current contact information for FSA employees.

Note: Providing the requested information on the FSA-783 is voluntary. However, failure to provide the requested information will result in employees not being notified in a timely manner of natural or man-made disasters, severe weather, or building closures.

B Purpose

This notice provides guidance to FSA offices on submitting the FSA-783's (Exhibit 1) to the Emergency Preparedness Division (EPD) for entry into the MIR3 emergency notification system.

Disposal Date	Distribution
January 1, 2015	All FSA Offices; State Offices relay to County Offices

9-29-14 Page 1

Notice SEM-39

1 Overview (Continued)

C Contact

For questions regarding this notice contact either of the following:

- Robert Haughton, Director, EPD by either of the following:
 - e-mail to robert.haughton@wdc.usda.gov, or
 - telephone at 202-720-0135
- Nicole Steele, EPD, by either of the following:
 - e-mail to nicole.steele@wdc.usda.gov, or
 - telephone at 202-720-4542.

2 Action

A County Office Action

County offices shall:

- complete the FSA-783, and
- submit the completed FSA-783 to the state office no later than October 24, 2014.

B State Office Action

State offices shall:

- complete the FSA-783, and
- submit the completed state office and **all** county office FSA-783's to EPD by e-mail to **ra.dcwashing3.fsa.epd** no later October 31, 2014.

C National Office Action

All National office deputy areas and divisions shall:

- complete FSA-783, and
- submit the completed FSA-783 to EPD by e-mail at **ra.dcwashing3.fsa.epd** no later October 31, 2014.

9-29-14 Page 2

Example of FSA-783 (08-06-14)

The following is an example of FSA-783 that is available at http://fsaintranet.sc.egov.usda.gov/dam/ffasforms/forms.html.

EMERGENCY OPERATIONS FOR FSA EMPLOYEES CONTACT INFORMATION AND PHONE TREE CONTACT INFORMATION AND PHONE TREE COUNTY since or equipment is made in accordance must be found and phone tree. (FSA Internal Use Only) (FSA	FSA-783 (08-06-14)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	AGRICUL TURE			A. Date Prep	A. Date Prepared (MM-DD-YYYY)		
CONTACT INFORMATIONS FOR FSA EMPLOYEES CONTACT INFORMATION AND PHONE TREE (FSA Internal Use Only) The fellowing stelement is made to accordance with the Phone (FSA) and feeder (FSA) and feed						<u>1</u> -	B. Agency/Di	vision/Branch		
CONTACT INFORMATION AND PHONE TREE County C		EMERGENCY OPEF	RATIONS FC	R FSA EMPLO	YEES	<u> </u>	C. Office Nan County ent	ne and Location (<i>Ente</i> er applicable name):	r "X" in applica	able box. For State and
The Following statement is made in accordance with the Physics (1912-02) if-deed (Contrust) Declared (1912-02) if-deed (1912-02) i		CONTACT INFO	RMATION A	ND PHONE TRI Only)	H		Qw.		APFO	Š.
County Pre-blocking Statement is made in accordance with the Philacy Act of 1914 (5.05C 552a - as amended. The authority for requesting in information is interesting to the control of the philacy of the philacy (Act of 1914 (5.05C 552a - as amended. The authority for requesting information with the philacy of the ph							Stat			
The Relocated Security Persistential Decretes 20 (1459-20). Reder of Configuration (1509-20). Reder of Confi							JOS	inty:		
No. 2 Charter of Apparent International Personnel. Verify list quarterly. I'm them E, list all employees that report to the same first line supervisor/heam INSTRUCTONS. Develop list of phone humbers of all personnel. Identify essential personnel. Verify list quarterly. I'm them E horse for the State Offices to submit FSA-738 is ra.dcwashing3. FSA.EPD. Report To "Last First Name and Essential Title humber (Include Area Code) approach to the State Offices to submit FSA-738 is ra.dcwashing3. FSA.EPD. Hone Address (Include Area Code) approach to the submit FSA-738 is ra.dcwashing3. FSA-EPD. Hone Address (Include Area Code) approach to the submit FSA-738 is ra.dcwashing3. FSA-EPD. Hone Address (Include Area Code) approach to the submit FSA-738 is ra.dcwashing3. F	The following state. Homeland Security notify FSA employe individuals that haw voluntary. However	ment is made in accordance with ti Presidential Directive-20 (HSPD-2 ses in the event of a Continuity Of (e been properly designated by the r, failure to furnish the requested in	he Privacy Act of 1 20), Federal Contii Operations (COOF 9 Agency as having	974 (5 USC 552a - as nuity Directive 1 (FCD- ?), Pandemic, Conting 1 a verified business n utt in the FSA employe	s amended). The authr -1), and Federal Contin ency, and/or Disaster I eed to know the data ii ee not being notified in	ority for reques nuity Directive ? Recovery even n order to perfo a timely manne	ting the inforn 2 (FCD-2). The the informs rm their officies or a Continu	nation is National Sec ne information will be u ation collected on this al duties. Providing th ity Of Operations (CC	urity President used to quickly form may be on requested in	tial Directive 51 (NSPD 51), , efficiently, and effectively disclosed only to those nformation is nic, Contingency, and/or
Part	Ulsaster Recovery INSTRUCTIONS:	even: Develop list of phone numbers or leader in Item D for calling tree p	of all personnel. purposes. (Start	Identify essential per with the highest leve	rsonnel. Verify list qui	arterly. *In Iter mail address f	m E, list all er	mployees that report Offices to submit FS	to the same A-783 is ra.d	first line supervisor/team
P	D. Report To	E. *Last, First Name and Home Address (Include Zip Code)	F. Essential (Enter "X" if Employee is Essential)	G. Tite	H. Home Phone Number (<i>include Area Code</i>)	Cell Phon (Include A. (Govt. and	e Number rea Code) Personal)	Office Phone Number (include Area Code)		K. Email Address (Home and Work)
P P P P Superiment of Apriculture (USCA) prochible descrimination against the confidence and proches descrimination against the confidence and proches are mobile assistance program, or protected genetic fromman or afform, region reports for the descrimination and description and descrimination and description and descripti						O			π	
P P P P P P P P P P P P P P P P P P P						а.			W	
The US Department of Aptrullure USDA) prohibits decrimination against the customers, entrolories, and applicants for employment on the basis of hard. Semilar or premise and contributed or which the properties and applicants for employment or the basis of hard. Semilar or promote or extent or information and the properties and applicants for employment or in any program or extent or information or inform						9			п	
The U.S. Department of Agriculture (USDA) prohibits descrimination against its customers, employees, and applicants for employment on the beas of race, color, national origin, age, disability, selfpon, represal, and where applicable, political beliefs, marklar status, semial programs and/or part of an institutival semination of a semination of a semination of se						۵			W	
The U.S. Department of Agriculture (USDA) prohibits descrimination against its customers, employees, and applicants for employment on the basis of race, collor, national origin, age, descubility, sex, gender triently, religion, reprised, and where applicable, positival beliefs, marfall sexus or program or program or program or activity concluded or by the Department (fived all prohibed bases will apply to all programs and/or employment activities.) Persons with or programs and/or employment activities, or all or programs and/or employment activities.) Persons with or programs and/or employment activities, and who are deaf, had of hearing, or have speech disabilities and wish to file either an EEO or program complete, the program or progra						9			т	
The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, collor, hallonal origin, age, disability, sex, gender identity, nelippor, represel, and where applicable, political beliefs, martial structure and through the program or activity concluded or burders of the Department (Viola diproblement activities). Persons with other and program and/or employment activities). Persons with other and program or activities and wish to file a program or program or program or activities. Persons with other activities and wish to file after an EEO or program complement, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).						۵			W	
The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, represal, and where applicable, positival beliefs, marrial assistant of an any program or activity concluded or furnice of burders of proceed or many public expensions by the Department. (Not all programs and/or employment activities). Persons with other and program or activity concluded by the Department of the activities on the activities or program or and/or employment or employment or program or and/or employment or employment or program or and/or employment or em						U			Ι	
The U.S. Department of Agriculure (USDA) prohibits descrimination against its customers, employees, and applicants for employment on the basis of race, color, hatboral origin, age, disability, sex, gender dentity, religion, represal, and where applicable, positives to many public assistance program, or producted or particles for the many public assistance program, or producted or producted or many program or activity controlled or thrusted or the many public assistance will apply to be apply and a program or analysis with the support or many public assistance and with the first and an advice employment activities.) Persons with disabilities who are deaf, had of hearing, or have speech disabilities and wish to the either an EEO or program complemt, bease contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6736 (in Spanish).						<u> </u>			W	
	The U.S. Department of \(\triangle \) status, familial or parental will apply to all programs. USDA's TARGET Center (in Spanish).	Agriculture (USDA) prohibite discrimination age islains several orientation islains several orientation of an and/or employment activities). Perior construite at (202) 720-2800 (voice and TDD). Individual at (202) 720-2800 (voice and TDD).	ainst its customers, emp individual's income is de hisabilities, who wish to f aks who are deaf, hard or	Oyees, and applicants for em rived from any public assista- lie a program complaint, write frearing, or have speech diss	ployment on the basis of race, noe program, or protected gen to the address below or if you ebilities and wish to file either e	color, national orig. etic information in e i require alternative an EEO or program	in, age, disability, s imployment or in a. means of commur complaint, please	ex, gender identity, religion, ny program or activity condu- ication for program informat, contact USDA through the F	reprisal, and where ched or funded by th on (e.g., Braille, lan ederal Relay Servin	applicable, political beliefs, martial he Department (Not all prohibited ba 'ge print, auticiape, etc.) please cont os at (800) 877-8339 or (800) 845-61

Example of FSA-783 (08-06-14) (Continued)

NOTE: For a	NOTE: For additional pages hit "ctrl enter" at bottom of page to create a blank page. Copy the table and paste on new page.	ir" at bottom of	page to creat	te a blank page.	Copy the table an	d paste on new pa	ge.	
Report To	*Last, First Name and Address (Include Zip Code)	Essential (Enter "X" if Enployee is Essential)	Tite	Home Phone Number (include Area Code)	Cell Phone. (Include Area Code) (Govt. and Personal)	Office Phone Number (Include Area Code)	Email Address (Home and Work)	25
					9		Ŧ	
					<u>a</u>		W	
					g		Ŧ	
					۵		W	
					9		т	
					۵		W	
					9		н	
					۵		W	
					9		н	
					Ь		W	
					9		н	
					Ь		W	
					9		Ŧ	
					۵		W	
					9		I	
					۵		w	
FSA-783 (08-06-14)	06-14)						Page	Page 2 of 2