FSA
HANDBOOK

Common Management and Operating Provisions

To access the transmittal page click on the short reference.

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 65

Approved by: Deputy Administrator, Farm Programs

Amendment Transmittal

A Reason for Amendment

Paragraph 707 has been amended to clarify when persons signing in a representative capacity must furnish evidence of authority.

Page Control Chart		
TC	**Text**	**Exhibit**
	25-59, 25-60 25-63 through 25-66	

Table of Contents

Page No.

Part 1 Basic Provisions

1	Overview	1-1
2	Determining Final or Closing Date, Remittance Date, and Extensions	1-3
3	Using Appointment Process	1-4
4	Receipt for Service or Denial of Service	1-5
5-21	(Reserved)	

Part 2 Accessing and Updating County Data Table

22	Overview	2-1
23	Revising and Updating County Data Table Maintenance Screen MAA10001	2-2
24	Revising and Updating County Data Table Maintenance Screen MAA10501	2-7
25	(Reserved)	
26	Message Screen MAA10005 and County Table Screen MAA11002	2-11
27-62	(Reserved)	

Part 3 Crop Data Table File Download

63	Program Announcement Process	3-1
64	KC-ITSDO Download Process	3-2
65	County Office Download Process	3-3
66	Verifying Downloaded Values	3-6
67-75	(Reserved)	

Table of Contents (Continued)

Page No.

Part 4 Crop Data Table Maintenance

76 Overview 4-1

Section 1 Accessing Crop Table Maintenance

77 Access Crop Table Maintenance 4-2
78-80 (Reserved)

Section 2 (Withdrawn--Amend. 39)

81-83 (Withdrawn--Amend. 39)
84-95 (Reserved)

Section 3 (Withdrawn--Amend. 51)

96-100 (Withdrawn--Amend. 51)
101-103 (Reserved)

Section 4 (Withdrawn--Amend. 51)

104 (Withdrawn--Amend. 39)
105-108 (Withdrawn--Amend. 51)
109, 110 (Reserved)

Table of Contents (Continued)

Page No.

Part 5 Transaction Log File

111 County Office Requirements 5-1
112-120 (Reserved)

Part 6 General Rules for Identifying Numbers

Section 1 Producer Identifying Numbers

121 Requirements and Purpose 6-1
122 Obtaining ID Number 6-2
123 (Withdrawn--Amend. 23)
124 Recording Information for Native Americans 6-5
125 ID Numbers for Land Owned by Federal Government Agencies 6-7
126 (Withdrawn--Amend. 39)
127 IRS Identifying Number 6-10
128 Bankruptcy ID Number 6-11
129 Receivership ID Number 6-12
130 (Withdrawn--Amend. 51)
131-140 (Reserved)

Section 2 Customer and Employee Name and Address File

141 Accessing Name and Address From SCIMS 6-41
142 Accessing Name and Address From AS/400 Menu MACI00 6-51
143-152 (Reserved)

Table of Contents (Continued)

Page No.

Part 7 Adding Name and Address Records to SCIMS

Section 1 Data Migration

153 Migration From AS/400 to SCIMS 7-1
154 Potential Duplicate Customers 7-3
155 Potential Duplicate Report 7-4
156 Potential Duplicate Resolution 7-6
157-163 (Reserved)

Section 2 Screen Flow

164 Screen Flow for Customer Search Options 7-21
165-174 (Reserved)

Section 3 Automated Procedures for Adding Records

175 Customer Search in SCIMS 7-41
176 Adding Customers to SCIMS 7-46
177 Entering Customer Core Data for an Individual 7-48
178 Entering Customer Core Data for a Business 7-56
178.5 Establishing an Estate in SCIMS 7-62
178.6 Establishing LLC's in SCIMS 7-62.3
178.7 Establishing Irrevocable Trusts in SCIMS 7-62.5
178.8 Establishing a Revocable Trust in SCIMS 7-62.5
178.9 Establishing Unknowns in SCIMS 7-62.7
179 Additional Customer Entries 7-62.8
180-190 (Reserved)

Section 4 Automated Procedure for Modifying Records

191 Modifying Customer Data in SCIMS 7-101
192 Duplicate Customer 7-101
193 SCIMS Error Reports 7-104
193.5 SCIMS Transmission Sequence Error Report 7-105
194 Adding or Changing TIN in SCIMS 7-105
195 Unlinking Customer in SCIMS 7-107
196 Changing Entity Types 7-109
197 SCIMS to Name and Address Update Report 7-111
198 Documenting Customer Data Changes in BP 7-114
199 Documenting Customer Declared Race, Ethnicity, and Gender Data 7-118
200-206 (Reserved)

Table of Contents (Continued)

Page No.

Part 8 Changing or Viewing Name and Address Record

207 Producer Selection Screen MACI1001 8-1
208 Individual Basic Data Screen MACI2001 8-4
209 Supplemental Data Screen MACI2501 8-7
210 Additional Supplemental Data Screen MACI3001 8-12
211 Changing or Viewing Application Use Flags Screen MACI3501 8-14
212 Changing or Viewing Spouse Supplemental Data Screen MACI4001 8-18
213-222 (Reserved)

Parts 9-11 (Reserved)

223-275 (Reserved)

Part 12 Transmissions

276 KC-ITSDO Name and Address Files 12-1
277 Transmissions to KC-ITSDO 12-2
278 KC-ITSDO Processing 12-4
279 Missing Counties Report 12-6
280-290 (Reserved)

Part 13 Menu MACI00, Options 3 and 4

Section 1 Name and Address Reports

291 Accessing Name and Address Reports 13-1
292 Printing Incomplete Name and Address Records 13-2
293 Printing Farm Loan Programs Borrowers With Multiple “Y” FLP Flags 13-2
294 (Withdrawn--Amend. 49)
295 ZIP+4 Processing 13-3
296 ZIP+4 Non-Updated Address Report MAB072-R001 13-6
297-304 (Reserved)

Section 2 (Withdrawn--Amend. 51)

305 (Withdrawn--Amend. 51)
306-315 (Reserved)

Table of Contents (Continued)

Page No.

Part 14 Addition and Deletion of Counties

316 Overview 14-1

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

317 Adding a County to the State Office Automated System 14-2
318 Deleting a County From the State Office Automated System 14-5
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 14-25
331 Building Price Support Files 14-28
332 Deleting a County From the County Office Automated System 14-30
333-342 (Reserved)

Parts 15-24 (Reserved)

343-675 (Reserved)

Part 25 Signatures and Authorizations

Section 1 Signature Requirements

676 Signatures 25-1
677 Minor's Signature 25-4
678 Individuals and Cosigners 25-7
679 Facsimile Signatures for COC's and CED's 25-8
680 FAXed and Scanned Signatures 25-10
681 Signatures for UCC-1's, Deeds, and Similar Documents 25-15
682-690 (Reserved)

Page No.

Part 25 Signatures and Authorizations (Continued)

Section 2 (Withdrawn--Amend. 23)

691-696 (Withdrawn--Amend. 23)
697-706 (Reserved)

Section 3 General Rules of Authority

707 Policy on Evidence of Authority and Signature Limitations 25-59
708 Individual 25-68
709 General Partnership 25-70
710 Joint Venture 25-73
711 Corporations, Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies and Other Similar Entities 25-74.6
712 Sole Proprietor 25-78
713 Estate, Trust, Conservatorship, or Guardianship 25-79
714 Bankruptcy and Receivership 25-82
715 Federal, State, County, or Municipal Office and Public Schools 25-83
716 Churches and Charitable Organizations 25-85
717 Indian Tribal Ventures and BIA 25-86
718-727 (Reserved)

Page No.

Part 25 Signatures and Authorizations (Continued)

Section 4 Power of Attorney and Rules on Authority

728 Policy for Powers of Attorney 25-105
728.5 Signature Requirements for Powers of Attorney 25-110.5
729 Policy for Incompetent Individuals 25-110.8
729.4 Policy for Incapacitated Individuals 25-110.9
729.5 Policy for Limited Case Waivers 25-110.12
729.6 Policy for Active Military Duty Personnel 25-111
730 FSA-211 Authority 25-113
731 Representatives for Certain Commodity Buyers 25-114
732 Telephone Notification for Certain Commodity Buyer Representatives 25-115
733 Bankruptcy or Foreclosure Authority 25-116
734 Management Service Agencies 25-117
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 25-118
751 SCIMS 25-119
752 Farm Records 25-120
753 FSA Subsidiary Responsibilities 25-121
754 Action 25-122
755-759 (Reserved)

Section 6 (Withdrawn--Amend. 59)

760-771 (Withdrawn--Amend. 59)
772-775 (Reserved)

Table of Contents (Continued)

Page No.

Part 26 Special Payment Provisions

Section 1 Dead, Missing, or Incompetent Persons

776 Overview 26-1
777 Order of Precedence of Representatives 26-2
778 Offset Provisions 26-3
779 Responding to Requests for Payments Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent 26-4
780 Completing SF-1055 for Payments Due Other Producers 26-7
781-790 (Reserved)

Section 2 Attachment of Payments

791 Attachment of Program Payments 26-31
792-800 (Reserved)

Part 27 Linkage

801 Linkage Requirements 27-1
802 Waiving Eligibility for Assistance 27-3
803-812 (Reserved)

Part 28 Typewritten Checks

813 Policy Regarding Typewritten Checks 28-1
814-820 (Reserved)

Part 29 Fraud Provisions

821 Actions That Defeat Program Purpose 29-1
822 Reporting Known or Suspected Violations of Criminal Statute 29-2
823-870 (Reserved)

Table of Contents (Continued)

Page No.

Part 30 Controlled Substance Violations

Section 1 Policy Regarding Procedures

871 Policy 30-1
872-881 (Reserved)

Section 2 Eligibility of Other Persons

882 Spouses, Minor Children, Relatives, General Partnerships, Tenants, Sharecroppers, and Landlords 30-21
883 Corporations, Trusts, and Limited Partnerships 30-22
884-893 (Reserved)

Section 3 Cooperating With Law Enforcement

894 Policy 30-41
895-904 (Reserved)

Section 4 Collection and Reporting Requirements

905 Collections 30-53
906 Reporting Violations 30-54
907-916 (Reserved)

Part 31 State and County Codes, Abbreviations, and Community Property States

917 State and County Codes and State Abbreviations 31-1
918 Codes for CMA, LSA, and NSCP 31-1
919 Abbreviations and Acronyms 31-2
920 Community Property States 31-3
921-930 (Reserved)

Table of Contents (Continued)

Page No.

Part 32 Facility Name and Address File

931 General Information 32-1
932 Adding Records 32-4
933 Displaying Basic Data 32-8
934 Changing Basic Data 32-10
935 Deleting Records 32-13
936 Changing ID Number, ID Type, or Facility Code 32-15
937 Reactivating Deleted Records 32-16
938-949 (Reserved)

Part 33 Socially Disadvantaged, Limited Resource, and Beginning Farmer Certification

950 Certification Policy 33-1
951-975 (Reserved)

Part 34 Payments to Producers Identified as Deceased in FY 2011 and Subsequent Years

Section 1 Payments to Producers Identified as Deceased Report

976 Payments to Individuals Identified as Deceased Report (RPT-I-00-CM-11-1) 34-1
977 Instructions for Required Reviews and Record Corrections 34-2
978 Review Results and Followup Actions 34-6
979-1000 (Reserved)

Section 2 Payments to Producers Identified as Deceased in FY 2011 and Subsequent Years Web Database

1001 Reviewing the Payments to Producers Identified as Deceased Report (RPT-I-00-CM-11-1) 34-61
1002 County Reviews 34-63
1003 Search Results 34-65
1004 Death Master File (DMF) County Record Reviews 34-66
1005 Reason Codes and Identifiers 34-68
1006 County Reports 34-70
1007 State Reviews 34-74
1008 Search Results 34-77
1009 Death Master File (DMF) State Record Reviews 34-78
1010 State Review Progress 34-79
1011 State Reports 34-81
1012-1020 (Reserved)

Part 35 Using Unauthorized Forms and Documents

1021 Unauthorized Forms and Documents Policy 35-1

Exhibits

1 Reports, Forms, Abbreviations, and Redelegations of Authority
2 Definitions of Terms Used in This Handbook
3 Menu and Screen Index
4-9 (Reserved)
10 IRS Information About EIN's
11 Recording Business Types
11.4 Completing AD-2017
11.5 SCIMS Security Officers
12 Conversion Chart
12.5-12.10 (Withdrawn--Amend. 45)
13 SF-256, Self-Identification of Disability
14-49 (Reserved)
50 Forms and Documents Not Approved for FAXed Signatures
51 Signature Authority/Power of Attorney Questions and Answers
52-59 (Reserved)
60 FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
61 (Withdrawn--Amend. 5)
62 Non-FSA Power of Attorney Certification
63-99 (Reserved)
100 State Codes and State Abbreviations
101 State and County Codes and Counties
102 Approved Abbreviations and Acronyms
103 Approved Facility Types and Codes
104 USPS Abbreviations for SCIMS Name and Address Records
105-124 (Reserved)
125 Review of Payments to Individuals Identified as Deceased Report (RPT-I-00-CM-11-1) in FY 2011 and Subsequent Years

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 (2008 and prior years)
- 3-PL (Rev. 1) for web-based subsidiary files (2009 and subsequent years)**--***
- 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
- ***--**Agricultural Act of 2014.**--***

--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 Receipt for Service or Denial of Service

A Providing a Receipt for Service or Denial of Service

FSA staff shall, on request, provide AD-2088 when any inquirer, applicant, or customer seeks information or requests any benefit or service.

IF the request is made…	THEN AD-2088 must be provided…
in person	at the time of the request.
by telephone, FAX, e-mail, or mail	to the requestor the next workday.

B Example of AD-2088

The following is an example of AD-2088.

This form is available electronically.

AD-2088
(01-19-12)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency
Natural Resources Conservation Service
Rural Development

1. Fiscal Year: 2012

RECEIPT OF REQUEST FOR BENEFIT OR SERVICE OFFERED BY USDA

NOTE: FSA, NRCS, and RD must provide a current or prospective producer or landowner a receipt for service, if requested, at the time any service or benefit is requested. Original receipt is provided to requestor and a copy must be maintained by the issuing Agency.

2. Agency (Check One): ☒ FSA ☐ NRCS ☐ RD

3. Office Name/Location: Anywhere County FSA Office, Anywhere, ST

4A. Name of Requestor: IMA Farmer

4B. Address of Requestor (Include Zip Code): 123 Nowhere Street, Anywhere ST 99999

5. Request Received (Check One): ☐ In Person ☒ By Telephone ☐ By e-Mail ☐ By FAX ☐ By Mail

6. Date of Request (MM-DD-YYYY): 03-08-2012

7. Summary of Benefit or Service Requested: Sign-up for DCP

8. Action Taken or Recommended: Completed DCP Contracts for IMA Farmer

9. Additional Comments: AD-2088 was provided to producer at time of service

10A. Employee Name: Any # Employee

10B. Employee Signature:

10C. Date (MM-DD-YYYY): 03-08-2012

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, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, 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, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, 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 Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

--*

5-21 (Reserved)

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:

- County Office data
- County control numbers.

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 MAA10001

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

Continued on the next page

C
Example of Screen MAA10001

Following is an example of Screen MAA10001.

```
                          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
SHIPPING CITY:  LISBON                 STATE: ND  ZIP CODE: 58054 0193
CED NAME:      JIM SMITH
COMMERCIAL PHONE:  701 683 - 5832   FTS PHONE:  000 - 0000

CONGRESSIONAL DISTRICT: 01
MAIL PERMIT FIRST CLASS:       MAIL PERMIT THIRD CLASS:   Y


Cmd7-End                                   Enter (U)pdate, (N)ext Screen
```

D
Entering Data on Screen MAA10001

Screen MAA10001 will display data previously recorded.

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
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.

Continued on the next page

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. **Note:** 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. **Note:** 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.

Continued on the next page

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. **Note:** An entry must be in either this field or the "FTS Phone" field.
FTS Phone	7	7-digit FTS number. Entry optional. **Note:** An entry must be in either this field or the "Commercial Telephone" field.
Congressional District	2	Entry optional. Congressional district number, **only** if the entire county is in 1 congressional district.
Mail Permit First Class	1	Entry optional. For counties with first-class permits: • "1", presort • "2", first-class only.
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.

Continued on the next page

E
Updating Data on Screen MAA10001

To update changes made on Screen MAA10001, ENTER "U" and PRESS "Enter". Validations will be performed when the (U)pdate option is taken.

- Edit error messages will be displayed on the screen. All errors must be corrected before the County Data Table will be updated.

- After all corrections are made, to update the County Data Table, ENTER "U" and PRESS "Enter".

F
Exiting From Screen MAA10001

On Screen MAA10001, do either of the following:

- PRESS "Cmd7" to return to Menu MAA000
- ENTER "N" and PRESS "Enter". Screen MAA10003 will be displayed.

---

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 entering “N” for “next screen” on Screen MAA10001.

C
Example of Screen MAA10501

Following is an example of Screen MAA10501.

```
Common Provisions                          DEAFSMITH                                MAA10501
County Data Table Maintenance                        Version: AD47 08/31/1998  10:27  Term D1

                                   COUNTY SITE DATA TABLE

Farm Loan Manager:    JIM MILLER
FAX Telephone Number      111 111-1111









Cmd7-End, Cmd3-Previous            Enter-Continue
```

Continued on the next page

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

D
Entering Data on Screen MAA10501

Screen MAA10501 will display data previously recorded.

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	• Farm Loan Manager's first name, middle initial, and last name • "Vacant", if the position is vacant.
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

On Screen MAA10501, PRESS:

- "Cmd7" to return to Menu MAA000
- "Cmd3" to return to Screen MAA10001
- "Enter", and Screen MAA11002 will be displayed.

25 (Reserved)

26 Message Screen MAA10005 and County Table Screen MAA11002

A
Purpose

County Data Table Maintenance Screen MAA10005 is a message screen. The message instructs County Office to sign off of all terminals, before pressing "Enter".

County Offices shall only use this procedure when County control numbers are required.

B
Accessing Screen MAA10005

On Screen MAA10003, ENTER "N" for next screen and PRESS "Enter" to display Screen MAA10005.

C
Example of Screen MAA10005

Following is an example of Screen MAA10005.

```
                    021-PINAL                 DISPLAY        MAA10005
County Data Table Maintenance            Version: AB39  12/28/90 13:25 Term X5
-------------------------------------------------------------------------------
                                 COUNTY TABLE


                 MAKE SURE ALL TERMINALS ARE SIGNED OFF BEFORE
                 PRESSING THE ENTER KEY.  THE NEXT SCREEN
                 REQUIRES EXCLUSIVE USE OF CERTAIN FILES
                 BEFORE IT CAN BE DISPLAYED.  IT WILL TAKE SOME
                 TIME BEFORE THE NEXT 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.

Continued on the next page

E
Screen MAA11002

Screen MAA11002 will display County control numbers for farm, tract, temporary ID, 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.

```
                    021-PINAL                 DISPLAY        MAA11002
County Data Table Maintenance             Version: AB39  12/28/90 13:25 Term X5
--------------------------------------------------------------------------------
                                 COUNTY TABLE

                           COUNTY CONTROL NUMBERS

                  FARM                                713
                  TRACT                              4967
                  TEMPORARY ID                        393
                  RECON                             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)

Part 3 Crop Data Table File Download

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.**--***

- A national notice will announce the decisions.
- The applicable values or flags will be entered in KC-ITSDO and downloaded to County Offices.

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.

64 KC-ITSDO Download Process

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 **all** 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.

65 County Office Download Process

A
Introduction

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

B
Crop Data Tables

County Offices shall receive and process downloaded crop data tables from KC-ITSDO *** * *** according to the following table.

Step	Action		Result
1	Follow any special instruction identified through the Information Bulletin system, which informs user of the download taking place and method of download.		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.
		*** * ***	

Continued on the next page

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	Menu		
1	FAX07001	ENTER “9”, “Common Provisions”.	Menu MA0000 will be displayed.
2	MA0000	ENTER “1”, “County Office Table Files Maintenance”.	Menu MAA000 will be displayed.

Continued on the next page

B
Crop Data
Tables
(Continued)

Step	Action			Result
4 (Cntd)				
	Step	**Menu**		
	3	MAA000	To process 1 of the downloaded files, ENTER: • "3", "Load National Crop Data For Tobacco" • "4", "Load National Crop Data For Program Crops" * * *	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.--*
			* * *	* * *
			• "7", "Print Crop Table For Program Crops"	Menu MAAA00 will be 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.

66 Verifying Downloaded Values

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

  *** * ***

- 2002 and later years DCP crops, ENTER “4”, “Direct Payments Parameter File”, or ENTER “6”, “Counter Cyclical Payments Parameter File”.

  *** * ***

78-80 (Reserved)

Section 2 (Withdrawn--Amend. 39)

81-83 (Withdrawn--Amend. 39)

84-95 (Reserved)

Section 3 (Withdrawn--Amend. 51)

96-100 (Withdrawn--Amend. 51)

101-103 (Reserved)

Section 4 (Withdrawn--Amend. 51)

104 (Withdrawn--Amend. 39)

105-108 (Withdrawn--Amend. 51)

109, 110 (Reserved)

Part 5 Transaction Log File

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

The automated AS/400 requires the user to save the transaction log files:

- during the first start of day/end of day process every January and June
- if less than 10,000 blocks of contiguous disk space are available
- if the transaction log file is filled to capacity.

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

Step	Action	
1	PRESS “Enter” on Screen MXA00Exx, Audit Trail/Transaction Log, to advance to Screen MXA00E04.	
2	Using the information on Screen MXA00E04, label the tape, “Transaction Log for (enter date and sequence number)”.	
3	Load the tape to be initialized.	
4	Enter the requested information and PRESS “Enter” to begin the tape initialize and tape save procedures. Screen MXA0505 will be displayed.	
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

111 County Office Requirements (Continued)

C

Tape Storage Store the properly labeled tapes in off-site storage according to 2-IRM, 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.

--**IRS will only issue a new EIN to a same business name if the existing entity is dissolved and a new entity is established. If the customer cannot provide documentation from IRS to confirm their business name and EIN, the County Office shall request that the customer contact IRS to obtain letter 147C as evidence to validate the entity name if there is any uncertainty.**--

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 **not** 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, LLC, Limited Partnership, valid Irrevocable Trust and Estate	Obtain EIN of entity and stockholders, partners, beneficiaries, or heirs ***--**according to 1-PL and 4-PL.
Revocable Trust and One Member LLC	Obtain TIN (SSN or EIN) as applicable. **Note:** 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.**--***

122 Obtaining ID Number (Continued)

A Obtain ID Number (Continued)

<table>
<tr><th>Condition</th><th colspan="2">Action</th></tr>
<tr><td>Joint Payees</td><td colspan="2">Use either of the following ID numbers:

• an employer ID number for the joint payees
• a Social Security number.

Note: Require payees to indicate which payee’s Social Security number will be used. The number must meet the following conditions:

• for husband and wife, either the husband’s or wife’s number is acceptable

• for adult and minor, only the adult’s number is acceptable.</td></tr>
<tr><td rowspan="4">Husband and Wife</td><td colspan="2">Community Property States</td></tr>
<tr><td>IF...</td><td>THEN...</td></tr>
<tr><td>either the husband or wife is on the deed</td><td rowspan="2">enter both husband and wife in the farm producer file and the name and address file.

Note: Enter only the individual whose name is on the deed in the farm producer file when documentation is provided showing the property is separate.</td></tr>
<tr><td>both claim an interest other than ownership in the farming operation</td></tr>
<tr><td></td><td>either spouse is an operator, tenant, or sharecropper</td><td>enter both spouses on the name and address file but only enter the spouse who is an operator, tenant, or sharecropper in the farm producer file.</td></tr>
</table>

122 Obtaining ID Number (Continued)

A Obtain ID Number (Continued)

Condition	Action	
Husband and Wife (Continued)	**Noncommunity Property States**	
	IF...	**THEN...**
	both husband and wife are on the deed	record both husband and wife as 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 interest other than ownership in the farming operation	enter both husband and wife in the 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 Security number and an employer ID number: • obtain both numbers • record both numbers in SCIMS • record the 2 numbers as a combined entity.	
Nonresident Aliens	• Obtain permanent ID numbers from nonresident alien producers before issuing any payments. See 62-FI, Part 5 for instructions on nonresident alien income tax. • "Nonresident alien" for income tax withholding, and in the current software, is the same as "foreign individual". *** * ***	

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 ending in 6810 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 ending in 6810. 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 Land Management	999991101
Bureau of Reclamation	999991102
Farm Service Agency **Note:** This ID number is **not** 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.	999991103
US Forest Service	999991104
United States 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.

128 Bankruptcy ID Number

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.

129 Receivership ID Number

A
Purpose

ID numbers are used:

- to control payment limitation
- for IRS reporting.

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

129 Receivership ID Number (Continued)

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.

130 (Withdrawn--Amend. 51)

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

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

Authorized user 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.

141 Accessing Name and Address From SCIMS (Continued)

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 (Exhibit 11.5).

Note: CED's and NRCS AC's shall request SCIMS access for their respective employees by sending completed AD-2017's to their agency State SCIMS Security Officer. CED or AC, as applicable, shall sign and date AD-2017, items 12A and 12B to certify that employee has been adequately trained.

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 and SMR change authority--* (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 and SMR update authority

  Note: National Office approval is required for PYBC and SMR authorizations. PYBC and SMR requests shall be FAXed to the Common Provisions Branch Chief at--* 202-720-0051. These requests shall **not** be FAXed to FSA Security Operations.

- 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

  ***--Notes:** The FSA Security Operations FAX number is 877-828-2051.--*

  AD-2017's for temporary employees shall also include a copy of written authorization from the National SCIMS Security Officer.

- shall be maintained by the respective State SCIMS Security Officer

- shall be used to document "Revocation of Authority" by completing Part C.

141 Accessing Name and Address From SCIMS (Continued)

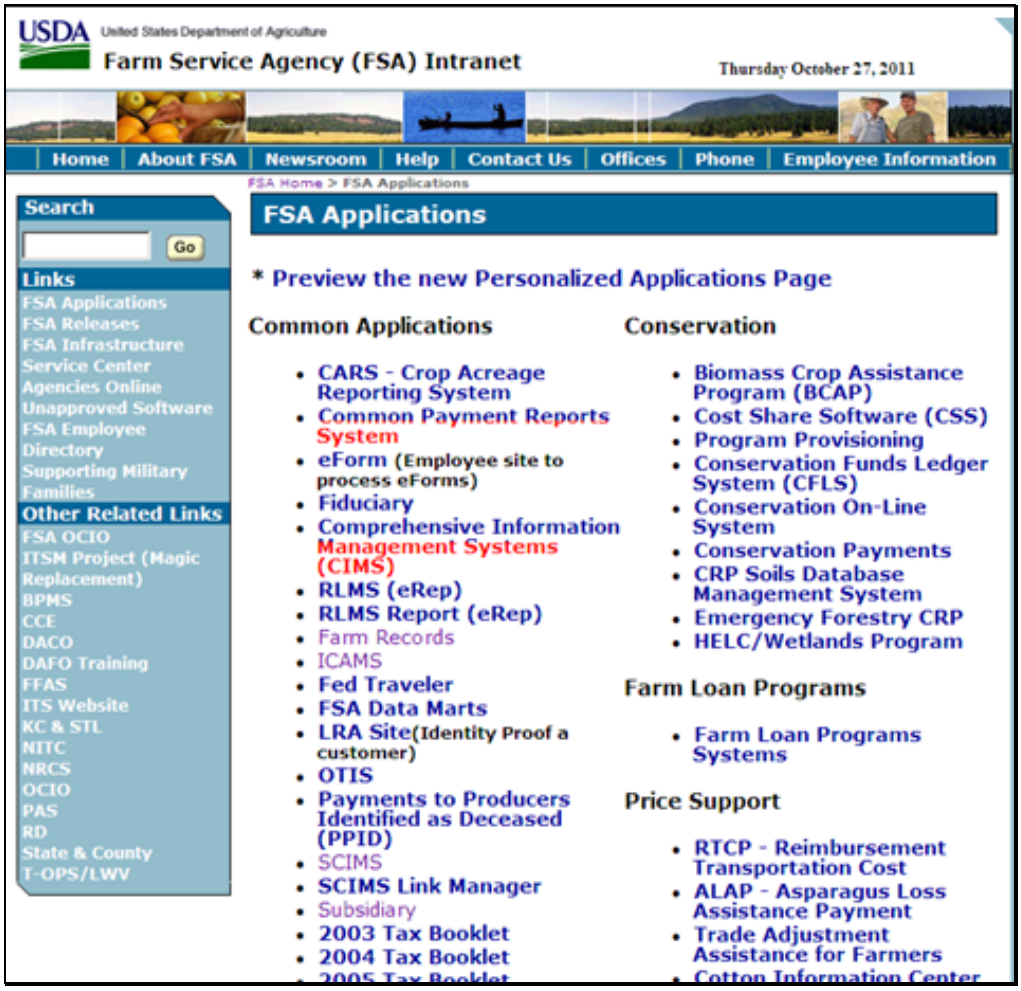
D Accessing SCIMS

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

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

E FSA's Intranet Homepage

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



Note: If users have multiple Internet Explorer sessions or tabs open while working in the SCIMS application, SCIMS data can inadvertently be affected. **Users shall not open multiple Internet Explorer sessions or tabs in an Internet Explorer session while working within the SCIMS application.--***

141 Accessing Name and Address From SCIMS (Continued)

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

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

--*

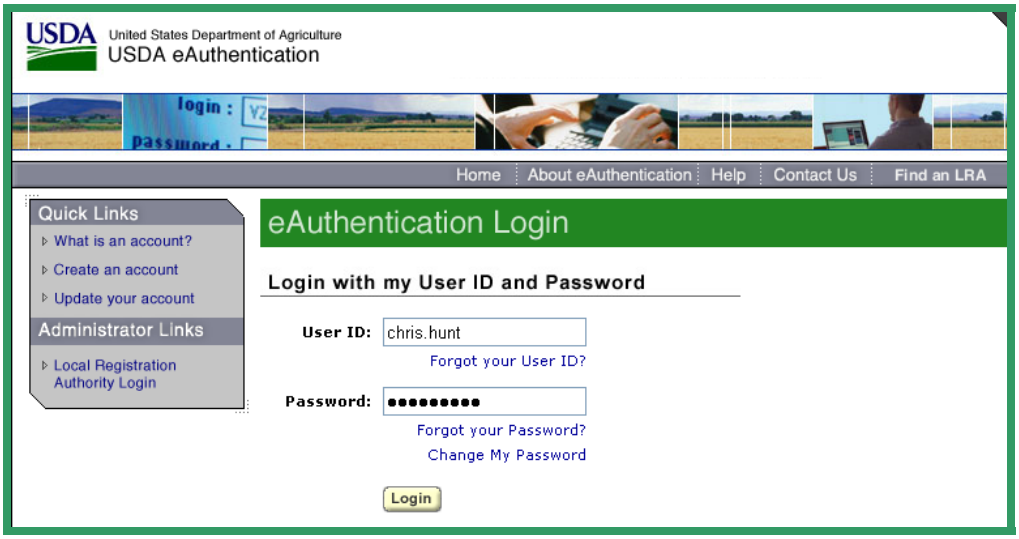
* * *

141 Accessing Name and Address From SCIMS (Continued)

F eAuthentication Login Screen

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

*--



Enter eAuthentication user ID and password and CLICK “Login”.

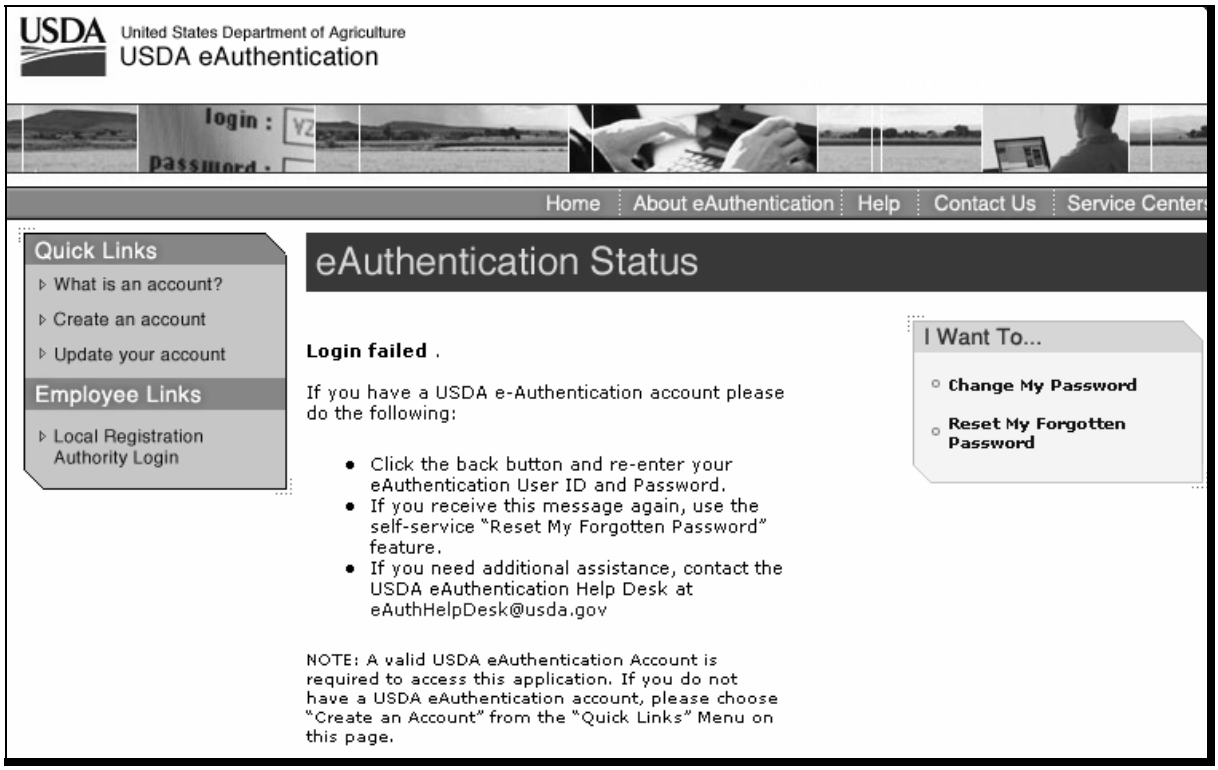
If the user does **not** have authority to access SCIMS, the following screen will be displayed. Contact State SCIMS Security Officer for assistance.

--*

141 Accessing Name and Address From SCIMS (Continued)

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.



141 Accessing Name and Address From SCIMS (Continued)

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 Service Center	user's respective State, County, and Service Centers linked to county
associated with multiple Service Centers	Service Center and respective County with the lowest numbered 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 employee	State, Service Center, and respective County with the lowest numbered organizational unit within the entire SCIMS database.
not assigned to a specific office	the following error message: "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.**--***

141 Accessing Name and Address From SCIMS (Continued)

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 may lock-out other users from accessing the last customer accessed for up to 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.

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

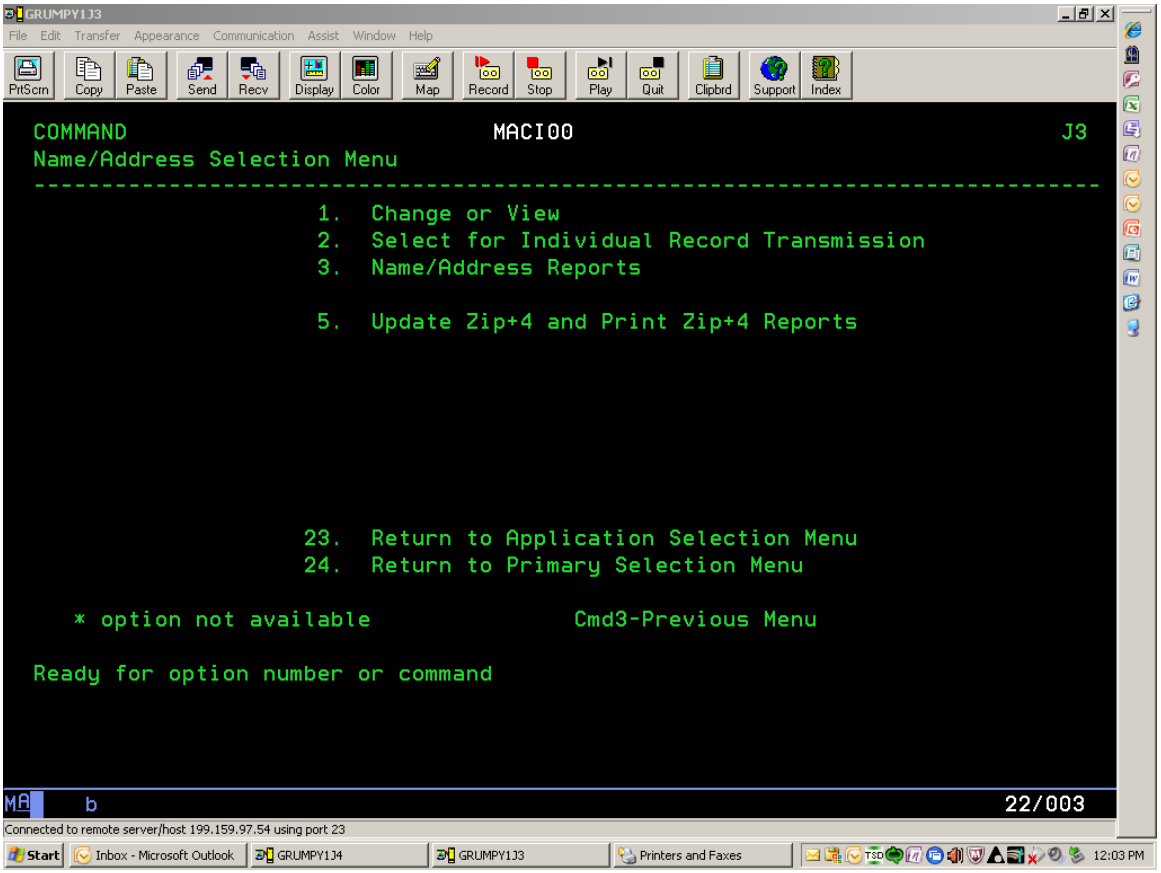
From Menu FAX250, access Menu MACI00 according to the following table.

Step	Menu	Action
1	FAX250	ENTER “3” or “4”, “Application Processing”, as applicable, and PRESS “Enter”.
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.

*--



--*

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

D Adding or Changing Data

Follow this table to add or change data.

Option	Display	Use of Option	Reference
“1”, “Change or View”	Screen MACI1001 will be displayed.	Change or view supplemental name and address data.	Part 8
“2”, “Select for Individual Record Transmission”	Screen MAB01001 will be displayed.	Transmit individual name and address record to KC-ITSDO. **Note:** Only use upon request from KC-ITSDO.	
“3”, “Name/Address Reports”	Menu MAB100 will be displayed.	Access name and address reports.	Part 13, Section 1
***--**“5”, “Update Zip+4 and Print Zip+4 Reports”	Menu MABPRT01 will be displayed.	Enter printer ID and PRESS “Enter” to print the report.	Part 13, Section 1**--***

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 were reconciled by--* Service Center personnel.

* * *

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.

154 Potential Duplicate Customers

A SCIMS Potential Duplicate Process

--**SCIMS customer records are 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, SCIMS compares individuals and businesses to determine**--
whether only the ID number matches regardless of any other criteria.

155 Potential Duplicate Report

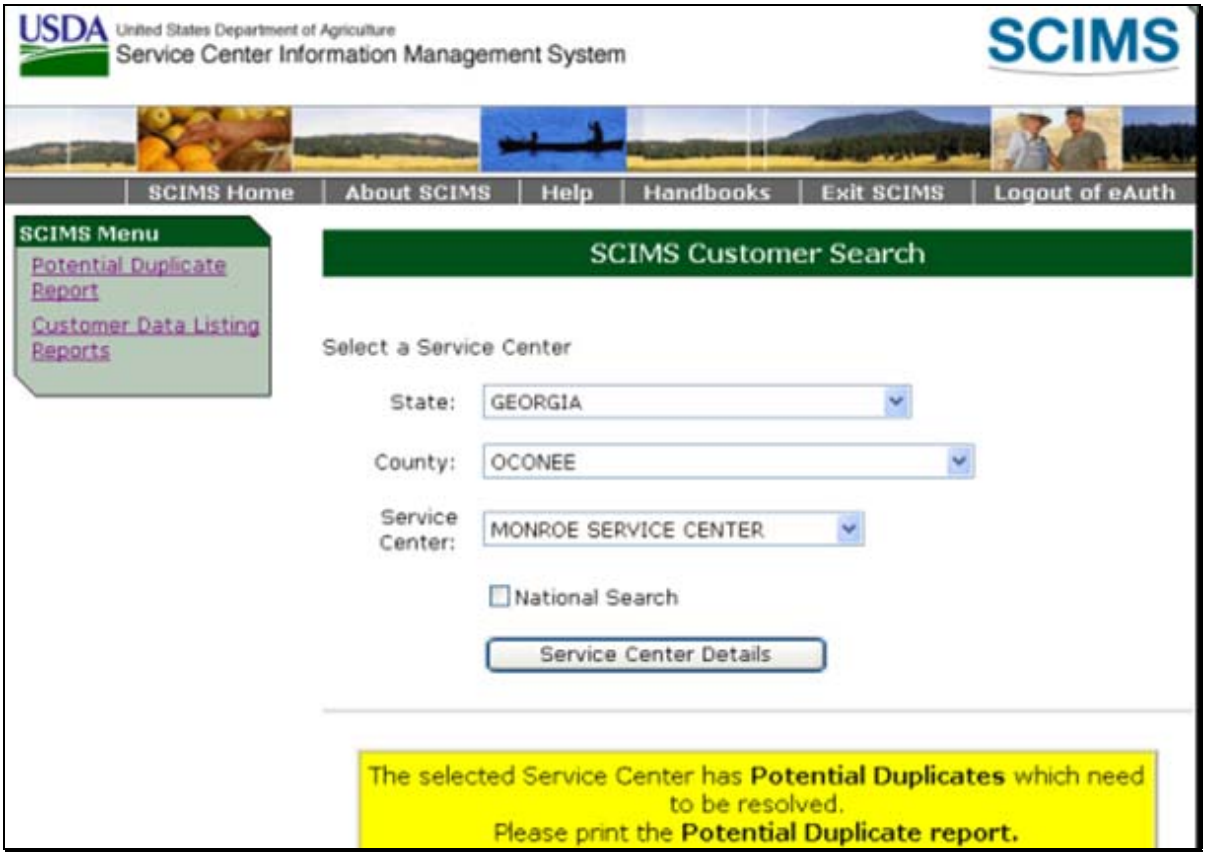
A Accessing the Potential Duplicate Report

The Potential Duplicate Report lists all potential duplicates that have been identified for *--every County Office, as well as an option to list potential duplicates for all Service Centers within a State. 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 through the FSA State SCIMS Security Officer according to paragraph 156.--*

* * *

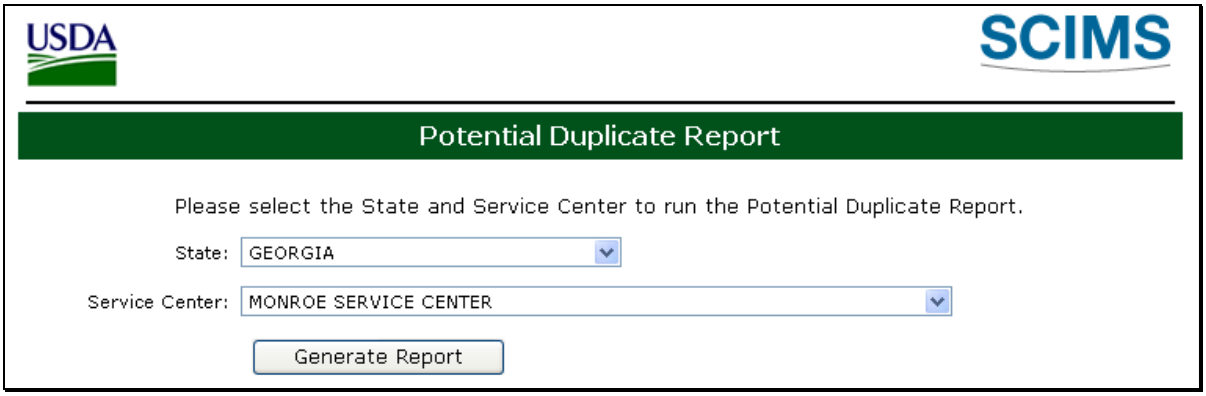
County Offices shall access and print the Potential Duplicate Report for their county according to the following.

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 or all Service Centers within a State--* for Potential Duplicate Report.
4	CLICK "**Generate Report**".
5	At the bottom of the report, CLICK "Print This Page".



155 Potential Duplicate Report (Continued)

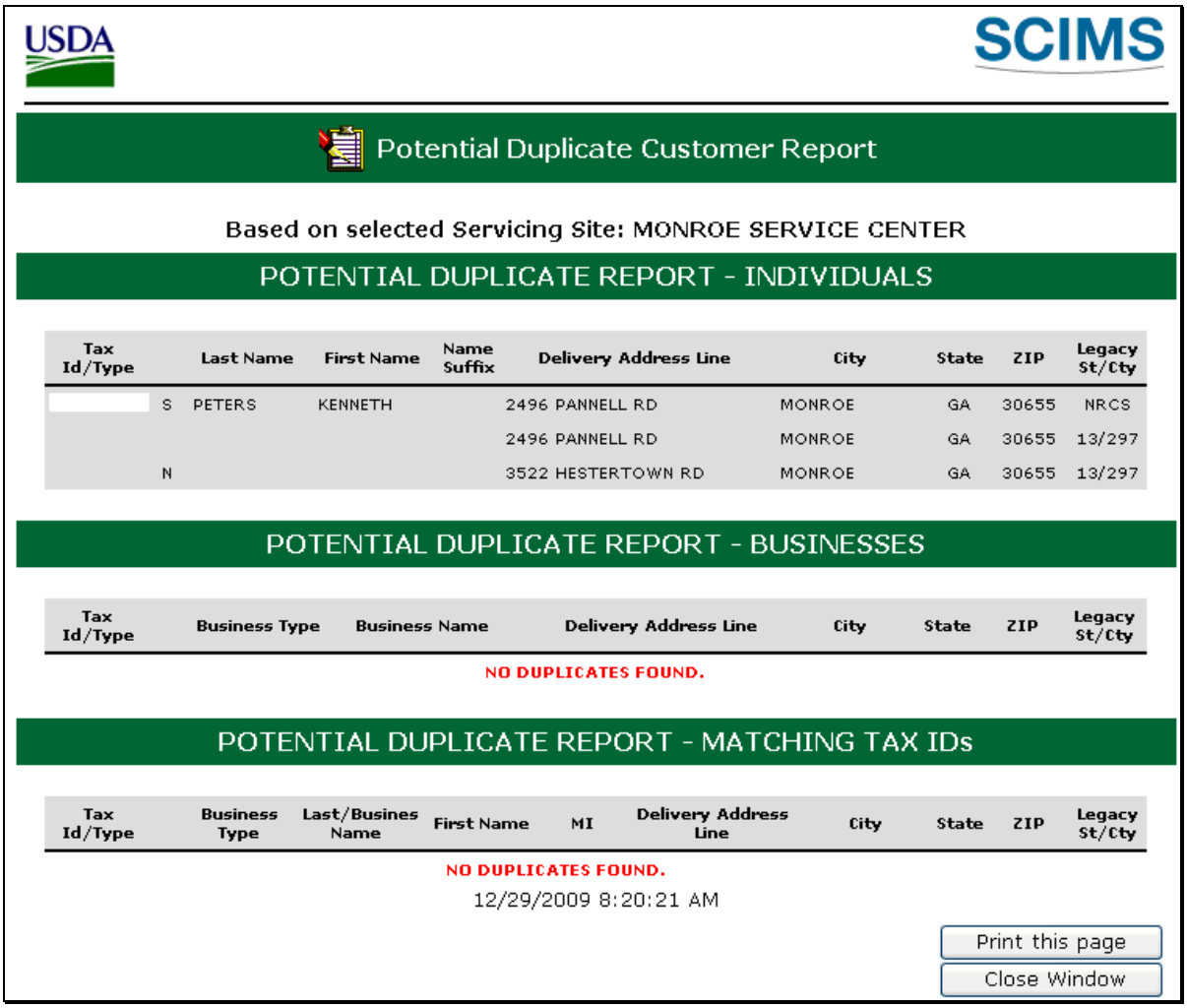
*--A Accessing the Potential Duplicate Report (Continued)



--*

B Examples of the Potential Duplicate Report

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



Tax Id/Type		Last Name	First Name	Name Suffix	Delivery Address Line	City	State	ZIP	Legacy St/Cty
	S	PETERS	KENNETH		2496 PANNELL RD	MONROE	GA	30655	NRCS
					2496 PANNELL RD	MONROE	GA	30655	13/297
	N				3522 HESTERTOWN RD	MONROE	GA	30655	13/297

--*

* * *

*--156 Potential Duplicate Resolution

A Resolving Potential Duplicates in SCIMS

When potential duplicate records are encountered in SCIMS, a message will be displayed advising the County Office user that if the user wants to resolve the potential duplicate, contact the FSA State SCIMS Security Officer to resolve the potential duplicate. County Offices shall contact the respective FSA State SCIMS Security Officer listed in Exhibit 11.5 and request that the FSA State SCIMS Security Officer review the potential duplicate or duplicates in question and resolve accordingly.

FSA State SCIMS Security Officers shall:

- review SCIMS potential duplicate records as requested by County Offices and resolve accordingly

- contact the National Office for assistance as necessary.

The FSA State SCIMS Security Officer shall also review weekly SCIMS Potential Duplicate Active Records Reports and work with County Offices to resolve recorded potential duplicates.

Note: Resolving a duplicate record incorrectly may result in the customer's record being permanently removed when merged. ITSD-ADC **cannot** reset the record.**--***

***--156 Potential Duplicate Resolution (Continued)**

B Resolving Duplicate Responsibilities

County Offices and FSA State SCIMS Security Officers:

- shall work with other County Offices listed on the report and respective FSA State SCIMS Security Officers 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 outlines who has primary responsibility for resolving duplicate customers *--listed on their report through FSA State SCIMS Security Officer or Officers.--*

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

***--156 Potential Duplicate Resolution (Continued)**

C FSA State SCIMS Security Officer Action to Resolve Duplicate Customers in SCIMS

After contacted by the County Office to resolve duplicate records in SCIMS, the FSA State SCIMS Security Officer shall take corrective action according to the following table.

Note: If a FSA State SCIMS Security Officer experiences problems trying to resolve a duplicate customer, contact PECD, CPB at 202-720-5172 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. The FSA State SCIMS Security Officer should select "Cancel" and resolve the duplicate at a later time if sufficient information is not available to properly resolve the duplicate.**--***

Step	Action	Result
1	Access the customer's record that will be kept according to paragraph 175.	The user will be notified that the customer has potential duplicates. The user will be asked, "Do you want to resolve duplicate at this time?"
2	When more than 5 records exist to be 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. **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.	When performing this procedure, new name and address 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 555555555 is eventually deleted when the final merge with the correct master record with tax ID 123456789 is completed.
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 "OK".	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 merged or resolved by selecting that record. It will then be displayed with the record resolved previously on the bottom.

156 Potential Duplicate Resolution (Continued)

D Correcting Customer Records

After resolution of a potential duplicate, County Office personnel may need to correct the customer's farm records. Since the resolution process will merge customers into 1, any merged TIN that was active on a farm or in a program will need to be deleted in farm records. If the merged TIN's were not active on a farm or in a program, then the merge process will automatically move TIN to "Delete" status.

Note: Notify NRCS before undertaking this activity to determine impact on NRCS programs, if applicable.

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

FSA State SCIMS Security Officers shall **not** resolve potential duplicates for Federal
--**Government agencies, as well as BIA's listed with the TIN ending in 6810.**--

157-163 (Reserved)

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:

- subparagraph 175 D for the selected site
- subparagraph 175 E for a national search.

If customer is located on the SCIMS database, add to county's name and address file by selecting:

- program participation according to subparagraph 179 H
- 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. Users shall conduct a National search for both businesses and individuals and also for all active and inactive customers.--

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

175 Customer Search in SCIMS (Continued)

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 menu
- "National Search".

175 Customer Search in SCIMS (Continued)

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.

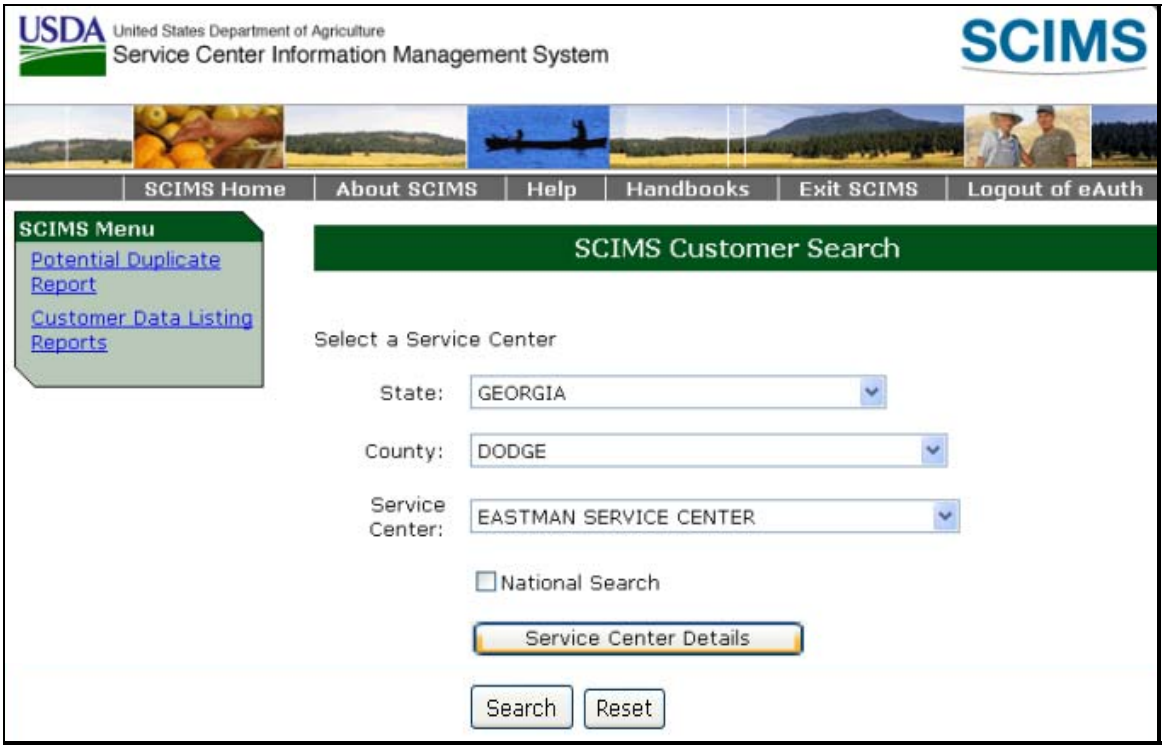
Note: When using broad search criteria, such as the last name of Jones or the same ZIP Code, a maximum of 100 customers with similar matching data will be displayed. If the customer is not located, the user shall enter additional customer data to attempt to locate the customer before adding.

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.

*--



--*

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.

175 Customer Search in SCIMS (Continued)

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.

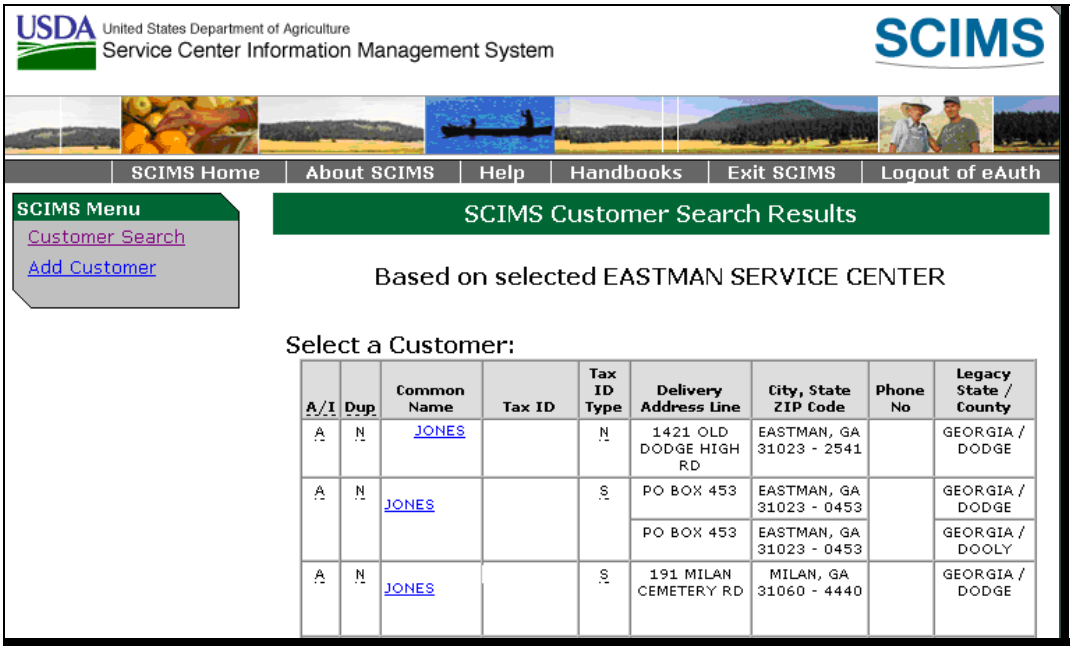
Note: **Never** exit SCIMS from the "Close Box" (Red "X" in the upper right-hand corner of the screen on the blue Microsoft Internet Explorer blue banner) or clicking the ***--**"Home" button on the tool bar. Exiting from the "Close Box" or "Home" button may lock-out other users from accessing the last customer accessed for up to 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.

175 Customer Search in SCIMS (Continued)

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.

*--



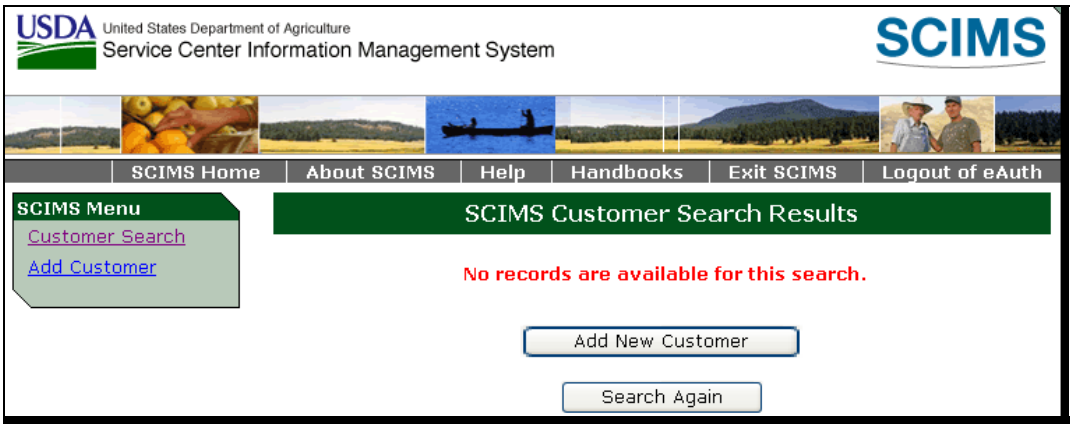
A/I	Dup	Common Name	Tax ID	Tax ID Type	Delivery Address Line	City, State ZIP Code	Phone No	Legacy State / County
A	N	JONES		N	1421 OLD DODGE HIGH RD	EASTMAN, GA 31023 - 2541		GEORGIA / DODGE
A	N	JONES		S	PO BOX 453	EASTMAN, GA 31023 - 0453		GEORGIA / DODGE
					PO BOX 453	EASTMAN, GA 31023 - 0453		GEORGIA / DOOLY
A	N	JONES		S	191 MILAN CEMETERY RD	MILAN, GA 31060 - 4440		GEORGIA / DODGE

--*

H Example of No Records Available Screen

This is an example of the No Records Available Screen.

*--



--*

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.

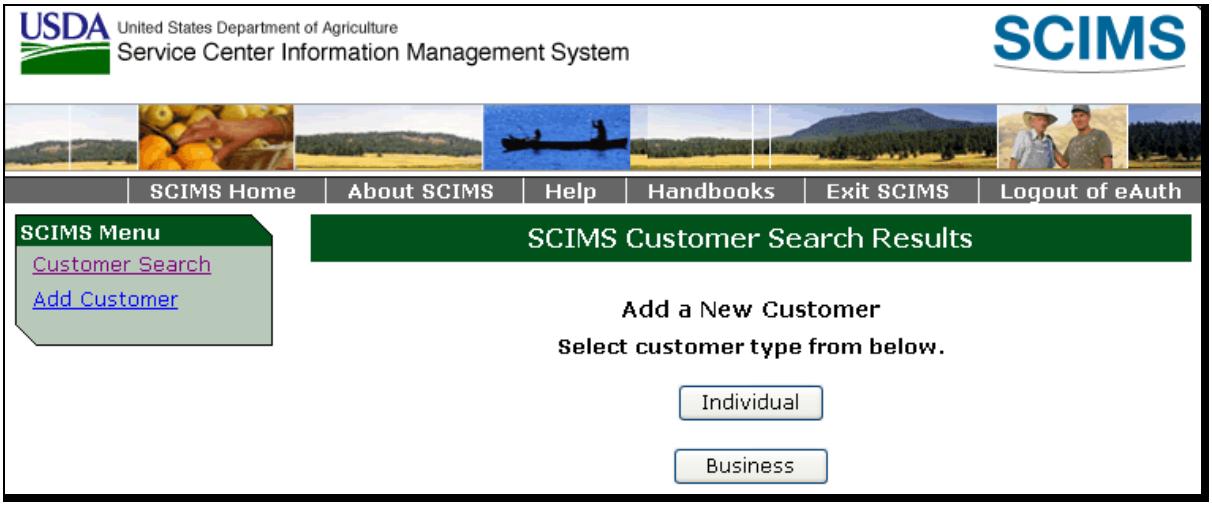
B Type of Customer

The customer shall be added as either of the following:

- "Individual"
- "Business".

This is an example of the Add Customer Screen.

*--



--*

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.**--

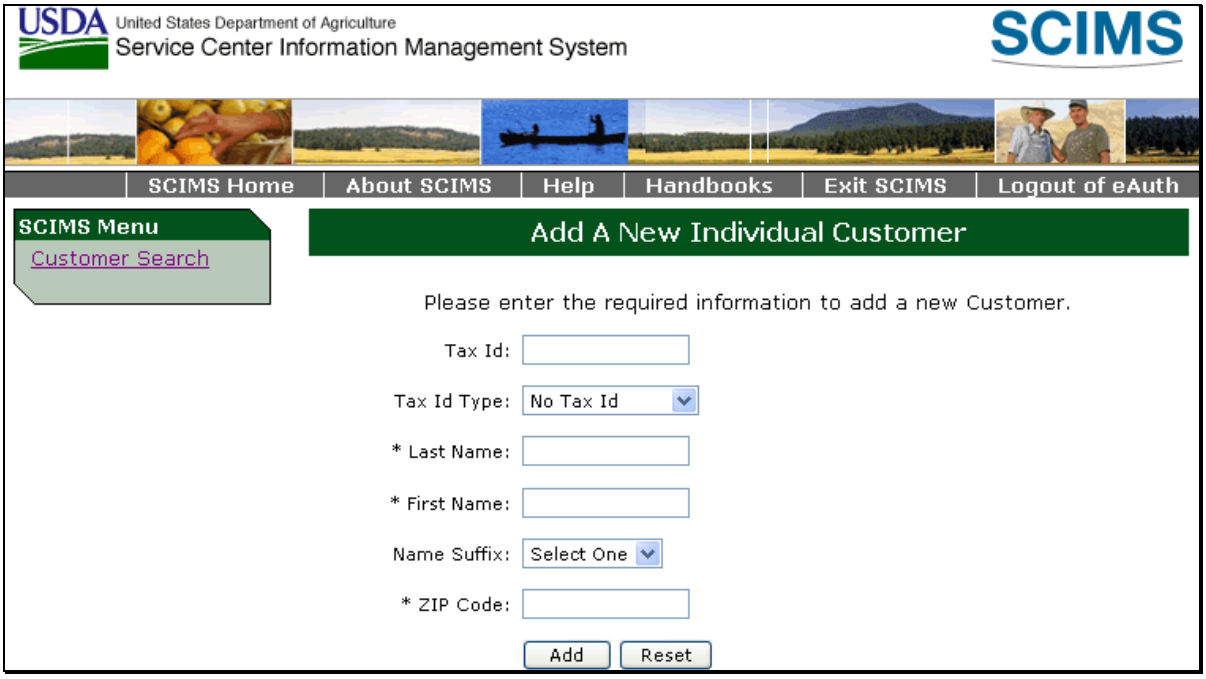
Service Centers shall obtain sufficient information about the customer to create a complete record for downloading to the AS/400.

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.



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

Field	Required	Valid Entry	
Tax ID		Customer's Social Security number, EIN, or TIN; **required** if the customer wants to receive monetary benefits. If an ID number is **not** entered and the customer is linked to a county, a customer ID will be assigned by SCIMS. ***--Notes:** Changing and deleting tax ID's is restricted to FSA State SCIMS Security Officers. Tax ID's for FLP customer shall **not** be changed without notifying FLP. See subparagraph 179 G about identification of FLP customers. Assigned core customer ID will **not** be displayed in--* SCIMS.	
Tax ID Type		**IF an ID number is…**	**THEN click the drop-down menu to select…**
		entered	"IRS Number" or "Social Security Number".
		not entered	"No Tax Id".
Last Name	X	Customer's last name.	
First Name	X	Customer's first name.	

177 Entering Customer Core Data for an Individual (Continued)

A Selecting 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	X	The customer's ZIP Code is required (for mailing address). ***--Note:** To add a new 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.

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.

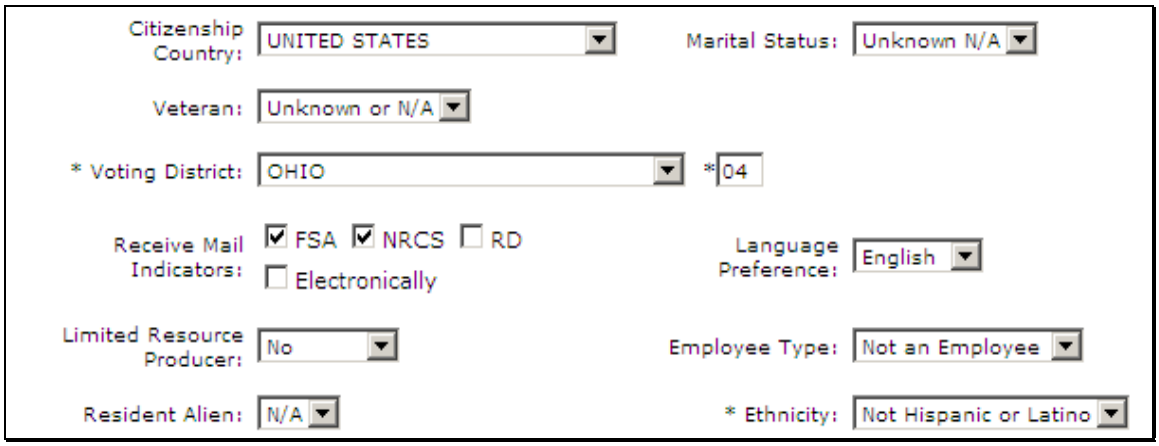
177 Entering Customer Core Data for an Individual (Continued)

B Entering Additional Customer Data

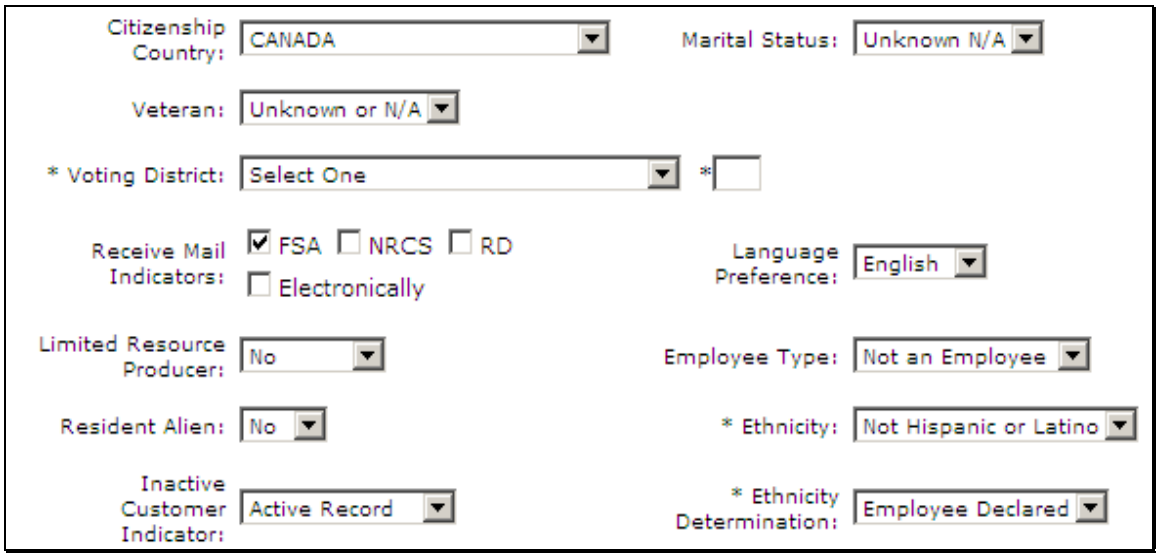
Customer information entered on the previous page is brought forward to the Customer Information Screen. Additional customer data is entered according to the table in this subparagraph. Sufficient customer data should be entered to easily identify the customer.

*--The following is an example of the Customer Information Screen for customers with "Citizenship Country" of:

- "United States" or "Territories of the United States"



- other than "United States" or "Territories of the United States".



--*

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.

177 Entering Customer Core Data for an Individual (Continued)

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 Name		The common name will download to the AS/400. **Examples:** 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 Type		Individuals may be changed to a business with a Social Security number for only the following: • LLC's (paragraph 178.6) • revocable trusts (paragraph 178.8).
Middle Name		Enter either the customer's complete middle name or an initial.
Gender	X	Use the drop-down menu to select the gender of the customer.
Gender Determination Code	X	To indicate how the gender of the customer 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 ***--Note:** See paragraph 199.**--*** • "Employee Declared" indicates an unsubstantiated judgment or information obtained through a third party.
Citizenship Country	X	The citizenship of the customer: • 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. **Note:** An entry of "Y" or "N" is required for FLP customers.

177 Entering Customer Core Data for an Individual (Continued)

B Entering Additional Customer Data (Continued)

Field	Required	Valid Entry

Receive Mail Indicators		The receive mail indicators:
		
		• default to blank
		
		• shall be checked according to the following, if item:
		
		  • 4 A is checked "Yes" on the customer's AD-2047, check the applicable agency indicators from which the customer wants to receive USPS mail
		
		  • 4 B is checked "Yes", on the customer's AD-2047, check the applicable agency indicators from which the customer wants to receive general e-mails *** * *** and ensure that the e-mail address is recorded according to subparagraph 179 F
		
		  --Note:** Customers who have checked "No" for item 4 B, but have checked item 4 C "Yes" will automatically be signed up for GovDelivery. At this time, the customer must unsubscribe from GovDelivery if they do **not** wish to receive GovDelivery e-mails.**--
		
		  • 4 C is checked "Yes", on the customer's AD-2047, check the applicable agency indicators from which the customer wants to receive sensitive producer and farm information e-mails, check "**Electronically**" option, and ensure that the customer's e-mail address is recorded according to subparagraph 179 F.
		
		Notes: Sensitive e-mail includes, but is not limited to, FSA-476DCP, FSA-156EZ, etc.
		
		The "Receive Mail Indicators", "Electronically" option applies **only** to FSA programs.

Limited Resource Producer		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.

177 Entering Customer Core Data for an Individual (Continued)

B Entering Additional Customer Data (Continued)

Field	Required	Valid Entry

Resident Alien		Indicate the resident alien status according to the following. For customers with "Citizenship Country" of:
		
		• "United States" or "Territories of the United States", select "N/A" (default)
		
		• other than "United States" or "Territories of the United States", select:
		
		  • "Yes"
		  • "No" (default) for other.
		
		***--Notes:** "Yes" shall only be checked if the customer possesses and presents a valid Permanent Resident Card or Resident Alien Card (Form I-551).
		
		See 4-PL for additional information about foreign person identification.**--***

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 and at least 1 active address. FSA program participation must have at least 1 legacy link. **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". SCIMS customers may only be inactivated by FSA State SCIMS Security Officers.

177 Entering Customer Core Data for an Individual (Continued)

B Entering Additional Customer Data (Continued)

Field	Required	Valid Entry
Inactive Customer Indicator (Continued)		***--Important:** **Before** inactivating a record, it must be determined that the customer: • has no outstanding or future payments pending, nor has ever been paid by FSA directly or been attributed payments as members of a joint operation or entity • is not, nor **ever** has been an FLP customer **Note:** FLP customers shall never be inactivated. • is not an NRCS customer with outstanding payments or active contracts **Note:** County Offices need to coordinate any updates in SCIMS for NRCS customers with NRCS before making changes. • will more than likely not be eligible to apply for after-the-fact disaster programs, SURE, etc. • is presently not recorded on a farm • is not in the System 36 entity file as an entity or joint operation, is not in the System 36 entity file as a member of an entity or joint operation, or is not a combined producer in the web-based combination system. When a customer is inactivated in SCIMS, all legacy links must be deleted. If the customer has multiple legacy links, all County Offices linked to the customer **must be contacted and they must concur** with the deletion of their respective legacy link and inactivation **before** taking any action.**--***

177 Entering Customer Core Data for an Individual (Continued)

B Entering Additional Customer Data (Continued)

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

177 Entering Customer Core Data for an Individual (Continued)

B Entering Additional Customer Data (Continued)

Field	Required	Valid Entry
Birth Date Determination Code		To indicate how the birth date of the customer 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.
Marital Status		To indicate the marital status of the customer, use the drop-down menu to select 1 of the following: • "Divorced" • "Married" • "Separated" • "Single" • "Unknown N/A" (default) • "Widow(er)". **Note:** This information is required for FLP customers.
Voting District	X	To indicate the congressional district of where the customer resides: • 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. In the case of a P.O. Box address, use the ZIP Code of the customer's physical location, not the post office.
Language Preference	X	Use the drop-down menu to select either of the following: • "English" (default) • "Other" • "Spanish".

177 Entering Customer Core Data for an Individual (Continued)

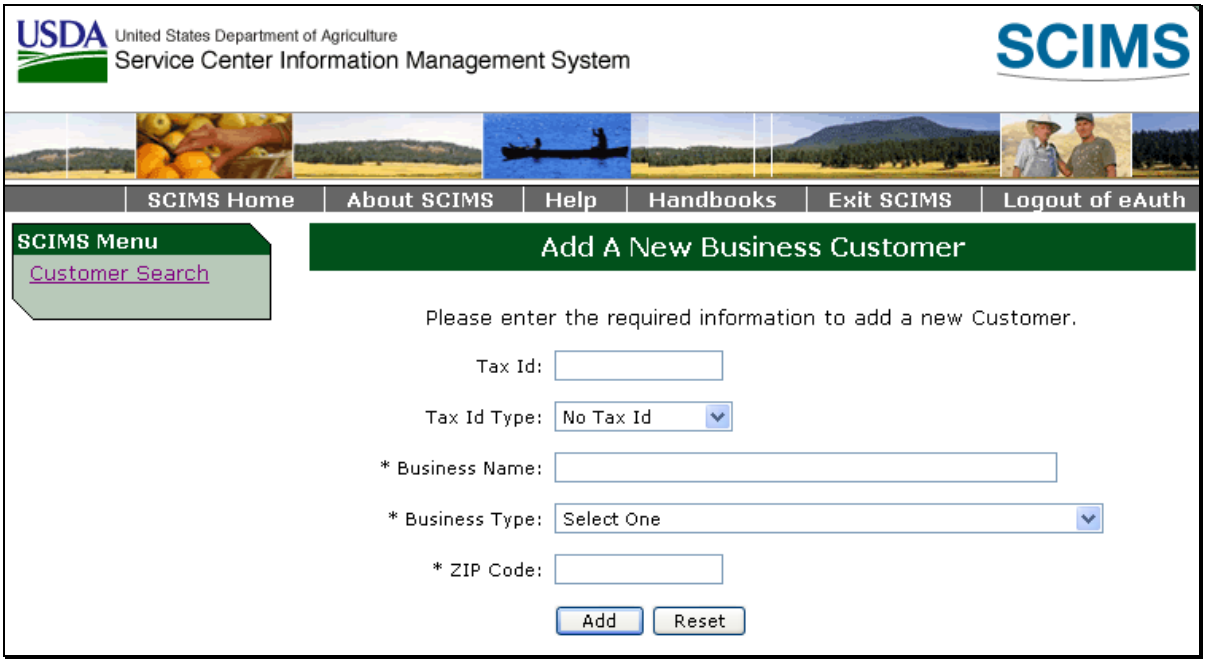
B Entering Additional Customer Data (Continued)

Field	Required	Valid Entry
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, and STC • "NRCS Employee/Producer", including NRCS AC and NRCS State Conservationist • "Service Center Employee", including employees of other Service Center agencies. **Notes:** All FSA and NRCS employees who receive program benefits from either FSA or NRCS or both agencies are required to be recorded in SCIMS. 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 Determination Code	X	To indicate how the ethnicity of the customer 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 ***--Note:** See paragraph 199.--*** • "Employee Declared" indicates an unsubstantiated judgment or information obtained through a third party. **Note:** 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.
*--



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. To record Federal agencies as landowners, use the ID numbers in subparagraph 125 A. **Note:** If the Federal agency is **not** listed in subparagraph 125 A, follow subparagraph 125 D.

--*

178 Entering Customer Core Data for a Business (Continued)

A Selecting a Business (Continued)

Field	Required	Valid Entry	
--**Tax ID Type**--		**IF an ID number is…**	**THEN click the drop-down menu to select…**
		entered	1 of the following: • "Employer ID" • "Federal" • "Social Security". **Note:** The only businesses that can be loaded with a Social Security number are the following: • LLC's (paragraph 178.6) • revocable trusts (paragraph 178.8). For CMA or LSA, ID type **must** be "employer ID".
		not entered	"No Tax Id".
Business Name	X	The business' name is required.	
*** * ***		*** * ***	
Business Type	X	Select the business type from the drop-down menu. **Notes:** 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".	
ZIP Code	X	The business' ZIP Code is required. **Note:** 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.	

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.

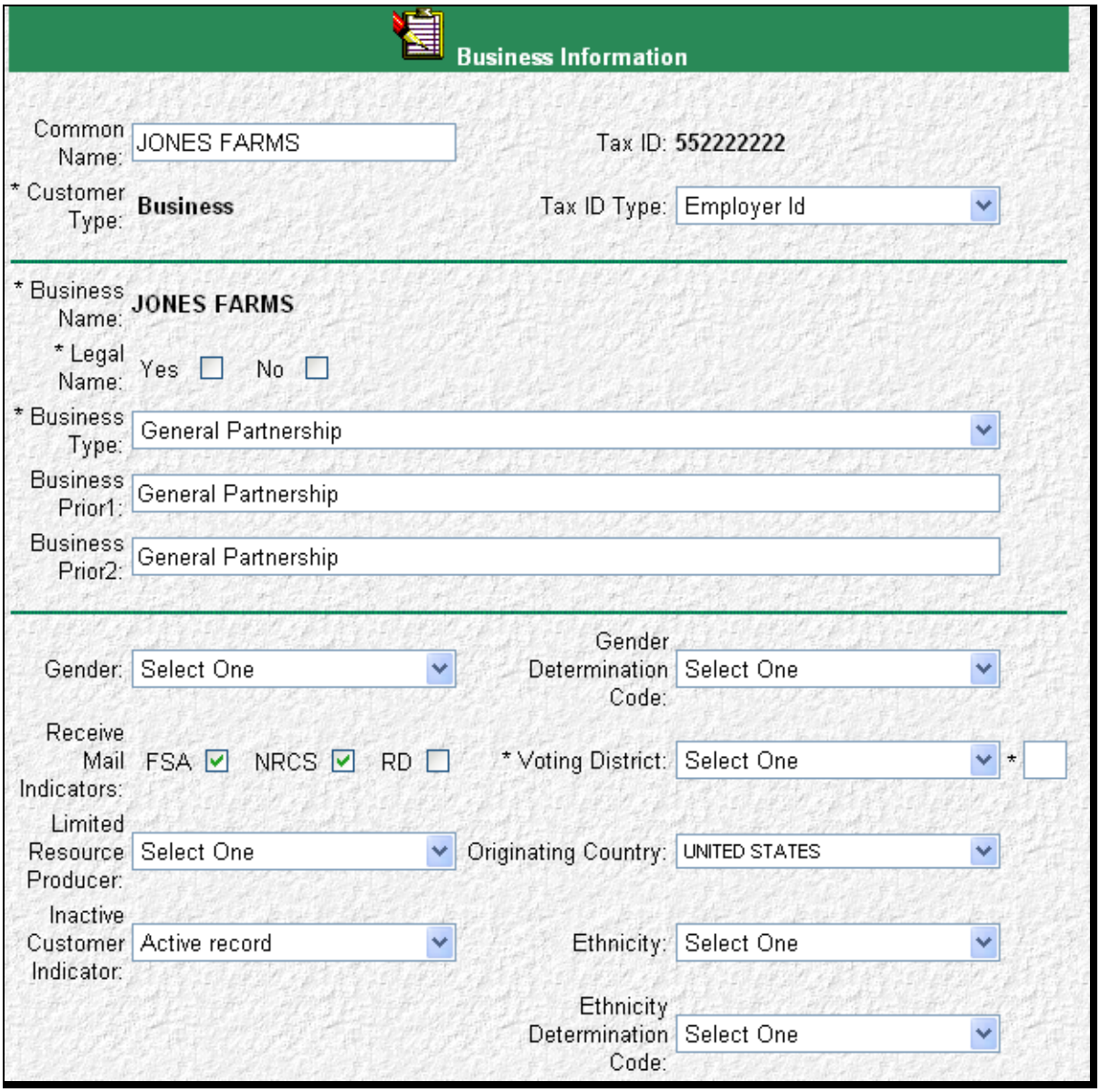
178 Entering Customer Core Data for a Business (Continued)

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.

*--



--*

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.

178 Entering Customer Core Data for a Business (Continued)

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. **Note:** The Business Prior 1 is updated each year at rollover with the previous year's value.
Business Prior2		The user cannot update. **Note:** 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 ***--Note:** See paragraph 199.**--*** • "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.

178 Entering Customer Core Data for a Business (Continued)

B Entering Additional Business Data (Continued)

Field	Required	Valid Entry

Receive Mail Indicators		The receive mail indicators:
		
		• default to blank
		
		• shall be checked according to the following, if item:
		
		  • 4 A is checked "Yes" on the customer's AD-2047, check the applicable agency indicators from which the customer wants to receive USPS mail
		
		  • 4 B is checked "Yes", on the customer's AD-2047, check the applicable agency indicators from which the customer wants to receive general e-mails *** * *** and ensure that the e-mail address is recorded according to subparagraph 179 F
		
		  --Note:** Customers who have checked "No" for item 4 B, but have checked item 4 C "Yes" will automatically be signed up for GovDelivery. At this time, the customer must unsubscribe from GovDelivery if they do **not** wish to receive GovDelivery e-mails.**--
		
		  • 4 C is checked "Yes", on the customer's AD-2047, check the applicable agency indicators from which the customer wants to receive sensitive producer and farm information e-mails, check "**Electronically**" option, and ensure that the customer's e-mail address is recorded according to subparagraph 179 F.
		
		Notes: Sensitive e-mail includes, but is not limited to, FSA-476DCP, FSA-156EZ, etc.
		
		The "Receive Mail Indicators", "Electronically" option applies **only** to FSA programs.
		
		--**Must be left blank for CMA, DMA, or LSA.**--

178 Entering Customer Core Data for a Business (Continued)

B Entering Additional Business Data (Continued)

Field	Required	Valid Entry
Voting District	X	To indicate the congressional district of where the majority of the business' 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. **Note:** Voting district is an optional entry for the following business types: • business with "originating country" other than U.S. • news media • public body • other.
Limited Resource Producer		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.
Originating Country		The country of origin for the foreign entity: • defaults to "United States" • may be changed by selecting a country from the drop-down menu. **Note:** A foreign entity 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. • lawful aliens possessing a valid Alien Registration Receipt Card (Form I-551) • see 1-PL, subparagraph 236 A • see 4-PL, subparagraph 108 A.

178 Entering Customer Core Data for a Business (Continued)

B Entering Additional Business Data (Continued)

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 and at least 1 active address. FSA program participation must have at least 1 legacy link. **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". SCIMS customers may only be inactivated by FSA State SCIMS Security Officers. **Important:** **Before** inactivating a record, it must be determined that the customer: • has no outstanding or future payments pending, nor has ever been paid by FSA directly or been attributed payments as members of a joint operation or entity • is not, nor **ever** has been an FLP customer **Note:** FLP customers shall never be inactivated. • is not an NRCS customer with outstanding payments or active contracts **Note:** County Offices need to coordinate any updates in SCIMS for NRCS customers with NRCS before making changes. • will more than likely not be eligible to apply for after-the-fact disaster programs, SURE, etc. • is presently not recorded on a farm • is not in the System 36 entity file as an entity or joint operation, is not in the System 36 entity file as a member of an entity or joint operation, or is not a combined producer in the web-based combination system. When a customer is inactivated in SCIMS, all legacy links must be deleted. If the customer has multiple legacy links, all County Offices linked to the customer **must be contacted and they must concur** with the deletion of their respective legacy link and inactivation **before** taking any action.

178 Entering Customer Core Data for a Business (Continued)

B Entering Additional Business Data (Continued)

Field	Required	Valid Entry
Ethnicity		To indicate the business owner's ethnicity, use the drop-down menu to select either of the following: • "Hispanic or Latino" • "Not Hispanic or Latino".
Ethnicity Determination Code		To indicate how the ethnicity of the customer 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 **Note:** See paragraph 199. • "Employee Declared" indicates an unsubstantiated judgment or information obtained through a third party. **Note:** The determination code: • is a required entry if "Ethnicity" is entered • must be the same as the determination code entered in "Race".

178.5 Establishing an Estate in SCIMS

A Purpose

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

Notes: 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 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 (1 member LLC's only)
- a Federal EIN.

Notes: 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.

If a customer is currently recorded in SCIMS as an individual using their Social Security number, the **current** record shall be updated to the 1 member LLC. If the customer subsequently decides to resume operating as an individual or obtains EIN for LLC, the existing record shall be updated back to an individual and a new record established in SCIMS for LLC with EIN, as applicable.

Important: If the customer participates in FLP, consult with FLP staff **before** making changes in SCIMS.

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.

178.6 Establishing LLC's in SCIMS (Continued)

B Loading LLC in SCIMS (Continued)

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.

***--**The entity/joint operation file software does **not** allow LLC using a Social Security number to be loaded as a member of an entity or joint operation because the software is expecting to find members of the entity. But LLC's using a Social Security number do **not** have members.

To be able to load the entity or joint operation in the System 36, changes to the SCIMS record for LLC using a Social Security number will be allowed when **all** of the following conditions apply:

- LLC is a member of an entity or joint operation receiving payments
- LLC is **not** required to obtain EIN according to this paragraph
- LLC did **not** obtain EIN.

If these conditions are met, County Offices shall make the following changes to the SCIMS record for LLC using a Social Security number:

- change the SCIMS "Customer Type" from a business to an individual

  Note: This will also change the business type to "Unknown/None of the above/ Not applicable" for the current year. If a change to a prior year is required, the State Office specialist with authority to change the prior year business code will have to change the business type for the applicable prior year.

- enter the "Last Name" and "First Name" of the individual

- enter the "Common Name" for the individual

- enter "Gender" and "Gender Determination" of the individual.

Note: Under no circumstances shall the ID type for a Social Security number in SCIMS be changed to EIN. The ID type in SCIMS shall always reflect the true ID type of the ID number entered for the producer.

Notify the producer that because LLC is using a Social Security number and LLC is a member of an entity or joint operation, FSA has to treat it as an individual. All documents received from FSA will make it appear as though payments were issued to the individual, not LLC. If that is **not** acceptable, producers will need to obtain a Federal EIN for LLC.**--***

178.7 Establishing Irrevocable Trusts in SCIMS

A Purpose

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

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 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.

178.8 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 TIN
- 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 TIN.

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.

178.8 Establishing a Revocable Trust in SCIMS (Continued)

B Loading a Revocable Trust in SCIMS (Continued)

***--**If a customer is currently recorded in SCIMS as an individual using their Social Security number, the **current** record shall be updated to the revocable trust. If the customer subsequently decides to resume operating as an individual or obtains EIN for the revocable trust, the existing record shall be updated back to an individual and a new record established in SCIMS for the revocable trust with EIN.

Exception: A husband and wife revocable trust using 1 of the spouses' Social Security numbers and previously recorded in SCIMS as an individual using that spouse's Social Security number may be updated upon death of that spouse to the surviving spouse's Social Security number.**--***

C IRA's

IRA may **only** be considered an eligible program participant as a trust if the Regional Attorney determines the account:

- has full function as a trust
- is owner of the land on which program benefits are requested.

Note: Consultation and approval of Regional Attorney is required before any determinations of eligibility.

178.9 Establishing Unknowns in SCIMS

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

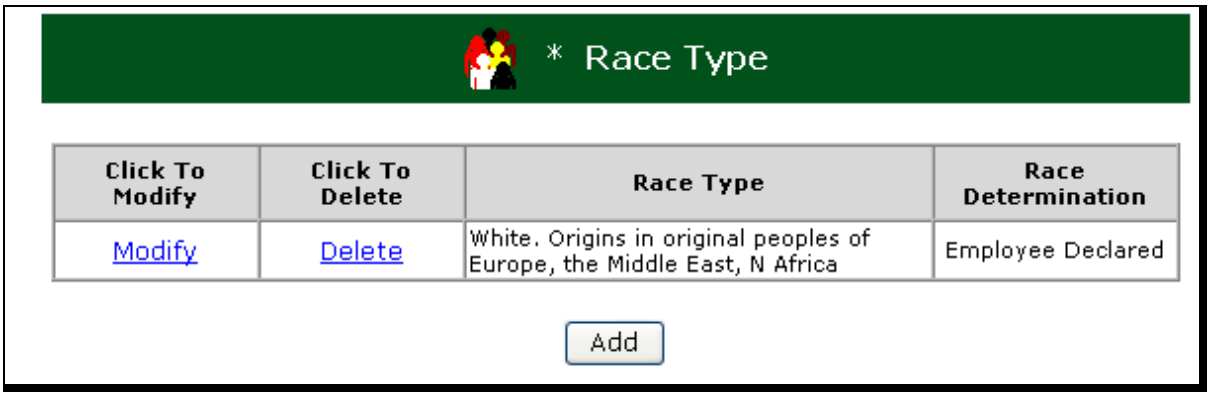
The following subparagraphs detail customer information to enter for individual or business customers.

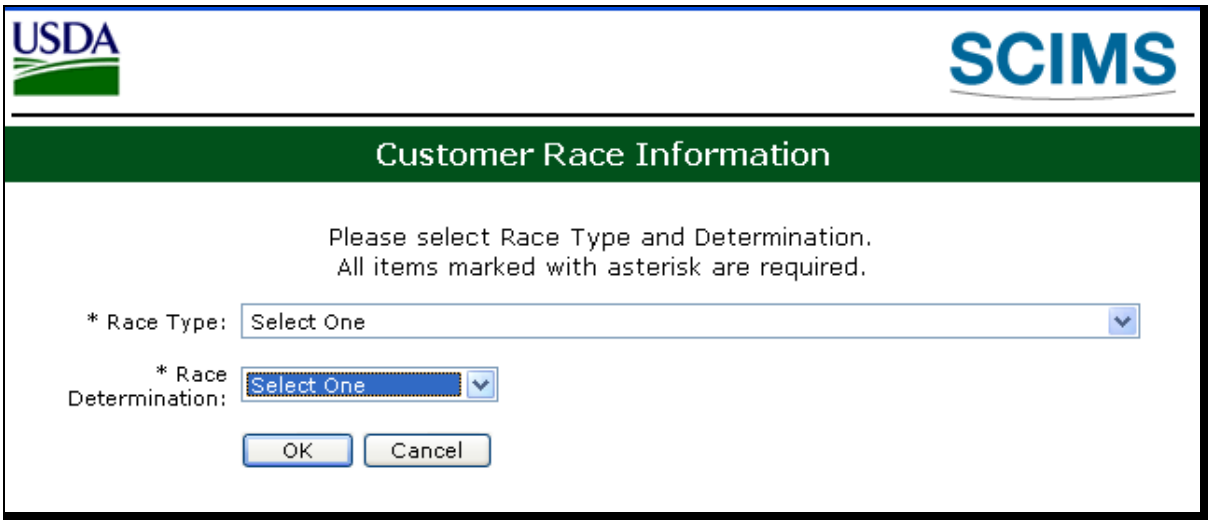
After the addition of information in each of the following sections, the Customer Information page will be redisplayed.

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.

*--





--*

179 Additional Customer Entries (Continued)

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.

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

Race	Definition
American Indian or Alaska Native	A person having origins in any of the original peoples of North, 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 American	African American indicates a person having origins in the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of the Hawaiian Islands, Guam, or Samoa.
White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

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

--Note:** See paragraph 199.**--

- "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**".

179 Additional Customer Entries (Continued)

C Disability Information

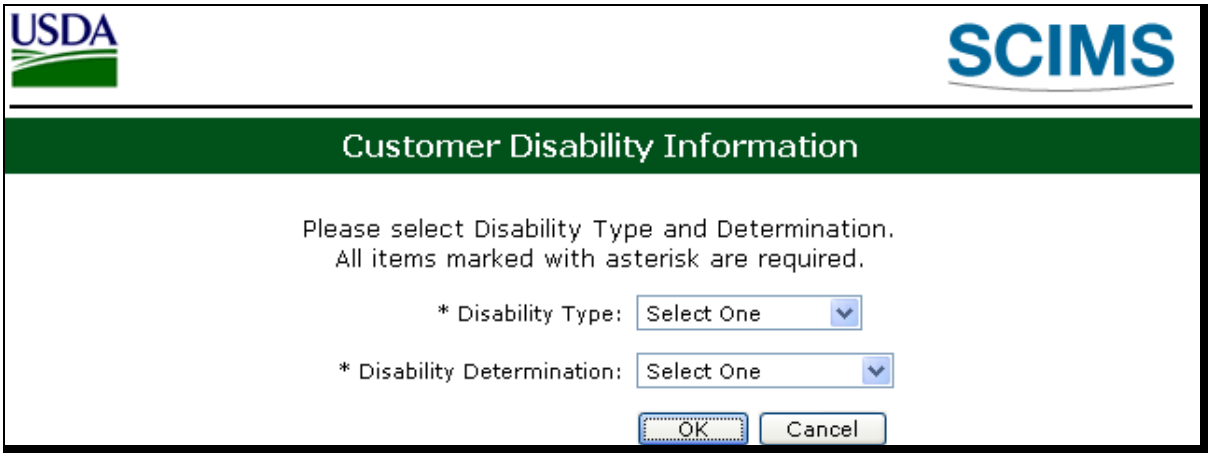
Information concerning the customer's disability may be added by clicking "Add" in the Disability Information section. Multiple disabilities may be entered by clicking "Add" for each additional disability.

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.

*--



--*

179 Additional Customer Entries (Continued)

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**".

179 Additional Customer Entries (Continued)

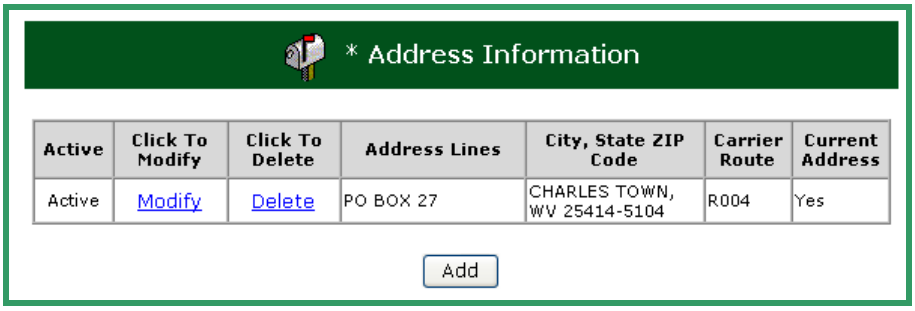
D Address Information

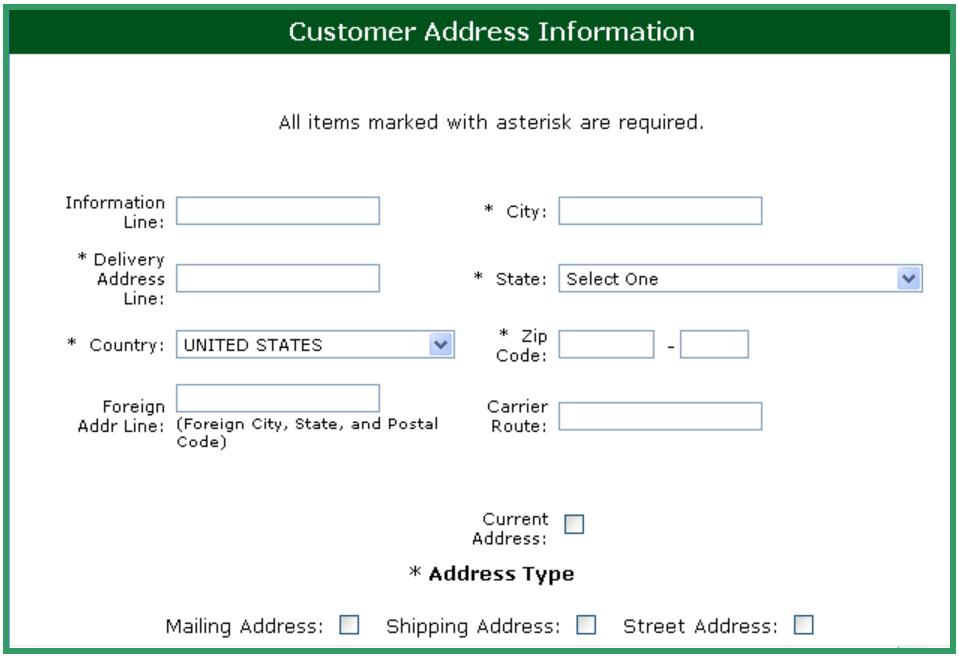
Address information for the customer:

- 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.
*--





--*

179 Additional Customer Entries (Continued)

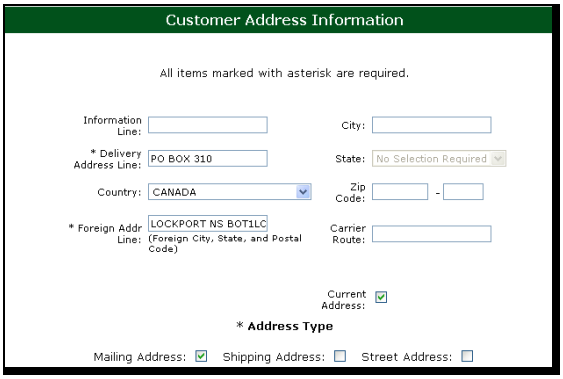
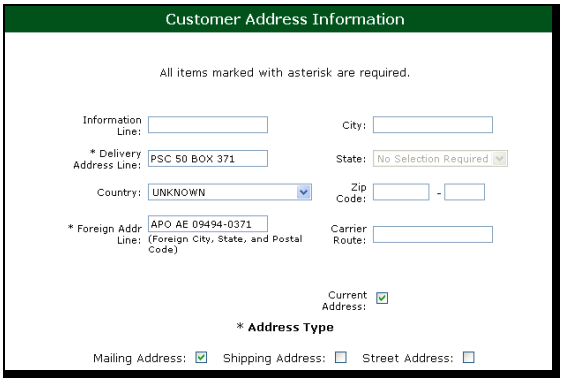
D Address Information (Continued)

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. **Note:** "Information Line" data will be sent to the AS/400.
* * *		* * *

179 Additional Customer Entries (Continued)

D Address Information (Continued)

Field	Required	Valid Entry
Delivery Address Line	X	This line identifies the delivery address for the customer using 1 of the following: • 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:** BILL GREY **(Recipient Line)** C/O ABC GRAIN INC **(Information Line-Optional)** 1500 E MAIN AVE STE 201 **(Delivery Address Line)** SPRINGFIELD VA 22162-1010 **(Last Line (Post Office))**
Foreign Address Line		Enter either of the following **only** if the address includes a foreign country or military address (such as APO or FPO): • foreign country ***--**  **--*** **Note:** Make no entries in "City", "State", or "ZIP Code" fields. • military address. ***--**  **--*** **Note:** 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 in "City", "State", or "ZIP Code" fields.

179 Additional Customer Entries (Continued)

D Address Information (Continued)

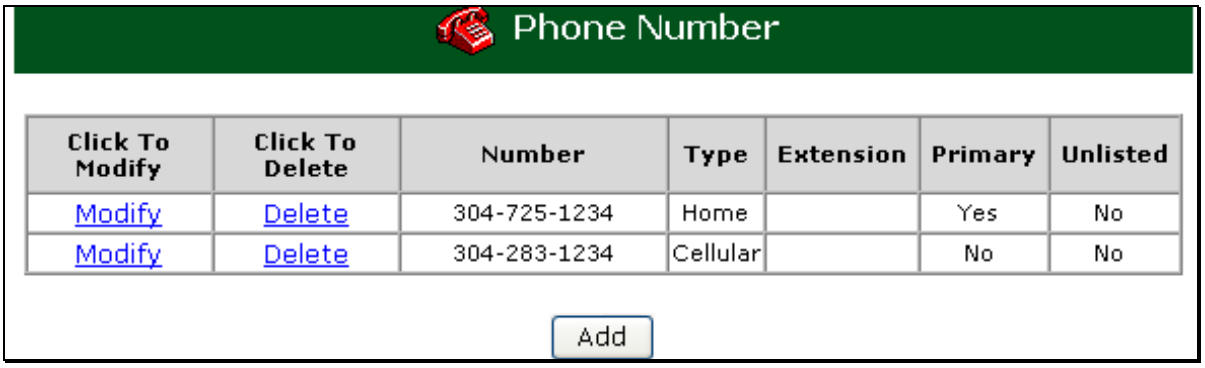
Field	Required	Valid Entry
Current Address	X	Check this box if the customer has indicated this address as the current address. **Notes:** An individual may have multiple addresses, but can have only 1 current address. A business may have multiple addresses and multiple current addresses.
City	X	Enter a city name.
State	X	Select a State from the drop-down menu.
ZIP Code	X	Enter the: • first 5 digits of the ZIP Code • last 4 digits of the ZIP Code, if known. **Notes:** The ZIP Code can be obtained from the USPS web site at **http://www.usps.com/zip4/**. ***--**To add a new 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 characters.
Country	X	The country: • defaults to “United States” • may be changed by selecting a country from the drop-down menu • select "UNKNOWN" from the drop-down menu for military addresses.
Mailing Address		Check this box if the address is the customer’s mailing address. **Note:** A customer may have multiple mailing addresses if mail is received in different locations.
Shipping Address		Check this box if the address is the customer’s shipping address. **Note:** A customer may have multiple shipping addresses.
Street Address		Check this box if the address is the customer’s street address. **Note:** A customer may have multiple street addresses.
Carrier Route		Enter the alphanumeric code assigned by USPS. The carrier route can be obtained from the USPS web site at **http://www.usps.com/zip4/**.
Contact Person		Enter applicable contact person's name. **Note:** 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”.

179 Additional Customer Entries (Continued)

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.



Telephone information shall be entered according to the following table.

Field	Required	Valid Entry
Number		Enter area code and 7-digit number **without** spaces or dashes. **Notes:** The telephone number will **not** be sent to AS/400. Update AS/400 with the current telephone number. ***--**The same telephone number may be entered for multiple telephone number "types".**--***
Extension		Enter extension number, if applicable.

179 Additional Customer Entries (Continued)

E Phone Number (Continued)

Field	Required	Valid Entry
Type	X	Use the drop-down menu to select 1 of the following: • "Barn" • "Business" • "Cellular" • "Data" • "Fax" • "Home" • "TDD" • "Video". This field is required if a telephone number is entered.
Location State		Select the State from the drop-down menu. **Note:** This may be helpful if the customer has telephone numbers in different States.
Location County		Select the county from the drop-down menu. **Note:** This may be helpful if the customer has telephone numbers in different counties.
Country	X	The country where the telephone number is located: • defaults to "United States" • may be changed by selecting a country from the drop-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. This field is required if a telephone number is entered. ***--Notes:** An individual may have multiple telephone numbers, but can have only 1 primary telephone number. A business may have multiple phone numbers and multiple primary telephone numbers.**--***
Unlisted		Check this box if the telephone number is unlisted.

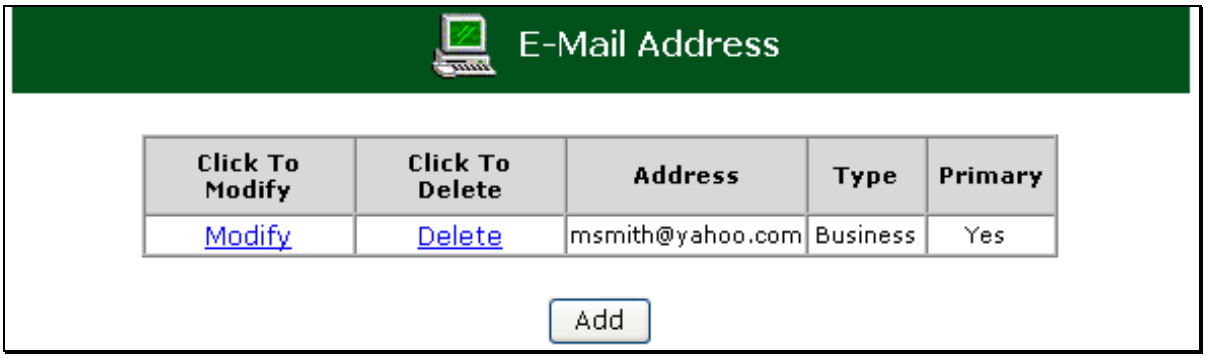
To retain the entered data, CLICK "OK". To return to the Customer Information Page and not retain the entered data, CLICK "Cancel".

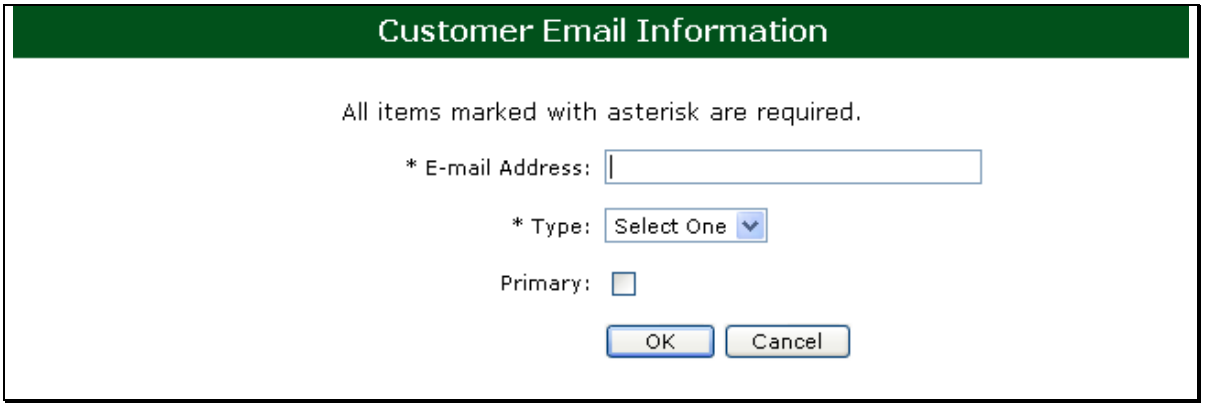
179 Additional Customer Entries (Continued)

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.

*--





--*

179 Additional Customer Entries (Continued)

F E-Mail Address (Continued)

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

Field	Required	Valid Entry
E-mail Address		Enter the e-mail address for the customer.
Type	X	Use the drop-down menu to select either of the following: • "Business" • "Home". This field is required if an e-mail address is entered.
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. ***--Notes:** An individual may have multiple e-mail addresses, but can have only 1 primary address. A business may have multiple phone numbers and multiple primary e-mail addresses.**--***

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

179 Additional Customer Entries (Continued)

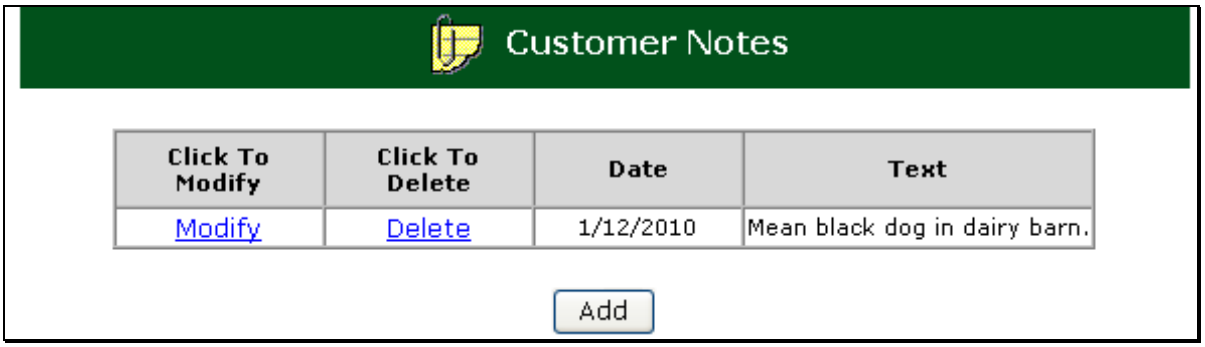
G Customer Notes

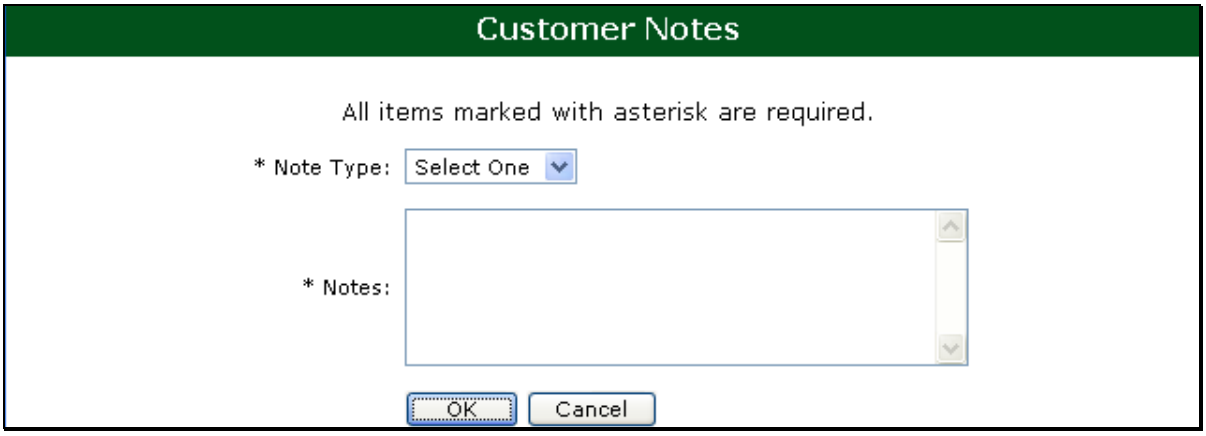
This option allows for entering notes about the customer to be entered. Customer notes are optional. Service Centers may use this section to record any pertinent information about the customer that is necessary or could be useful, such as the following:

- 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.





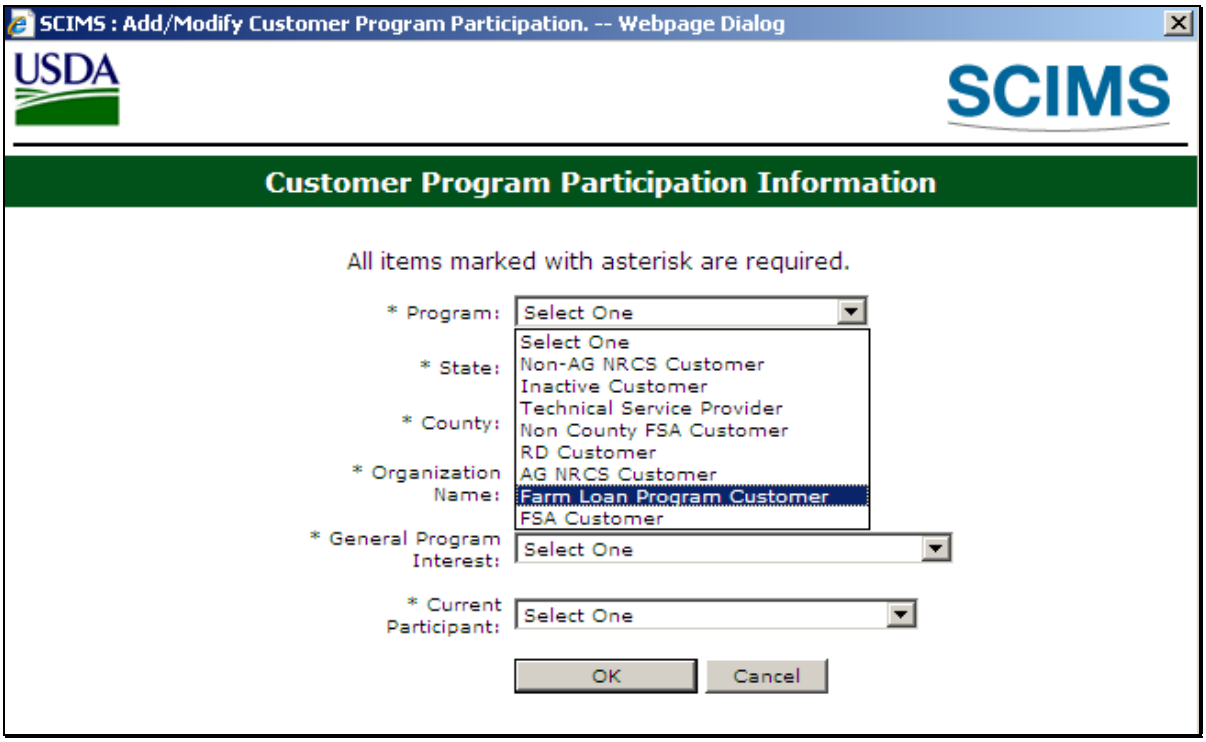
To retain the entered data, CLICK “OK”. To return to the Customer Information page and not retain the entered data, CLICK “Cancel”.

179 Additional Customer Entries (Continued)

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.

*--



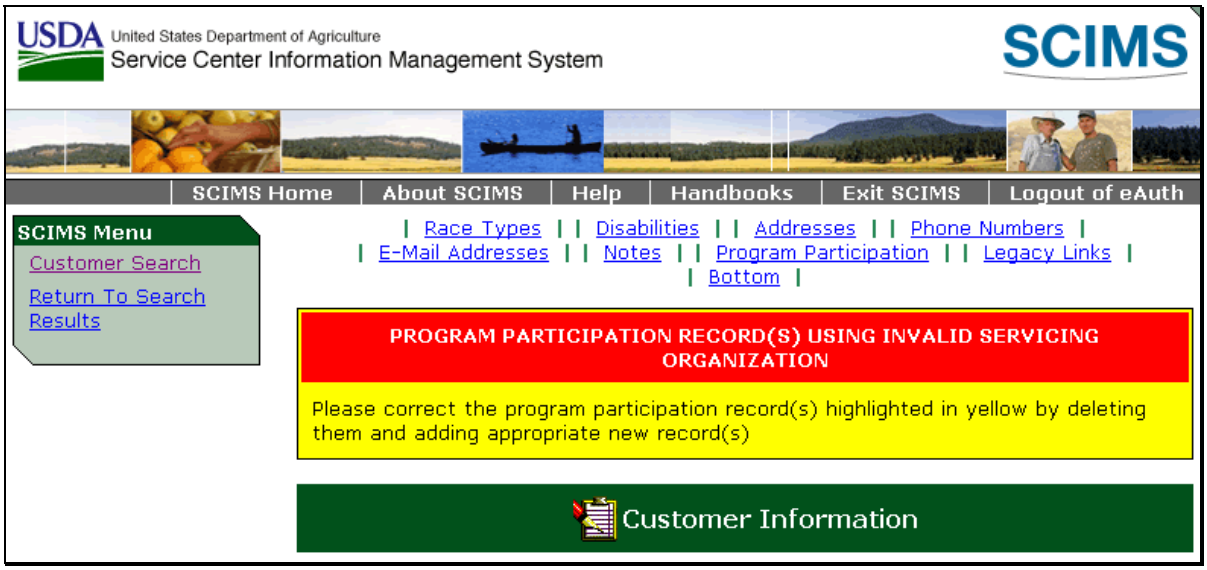
--*

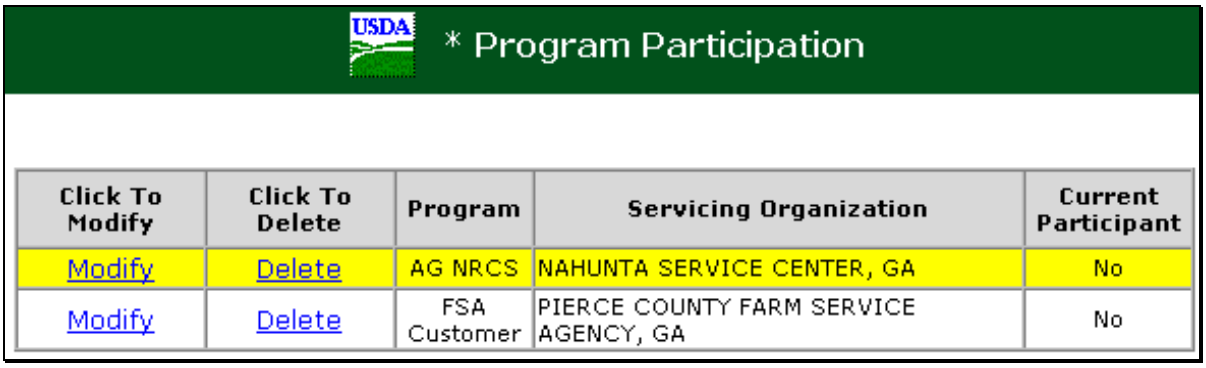
If the customer has interest in more than 1 county serviced by a Service Center, only 1 program participation record has to be established for the Service Center under the applicable program.

179 Additional Customer Entries (Continued)

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.
*--





Click To Modify	Click To Delete	Program	Servicing Organization	Current Participant
Modify	Delete	AG NRCS	NAHUNTA SERVICE CENTER, GA	No
Modify	Delete	FSA Customer	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.

179 Additional Customer Entries (Continued)

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" •*--"Farm Loan Program Customer" • "FSA Customer". **Notes:** "Farm Loan Program Customer" may be added by any user with update authority; however, may only be deleted by FSA State SCIMS Security Officers.--* "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 Name	Identify the Service Center organization where the customer is participating by 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: • "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 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".

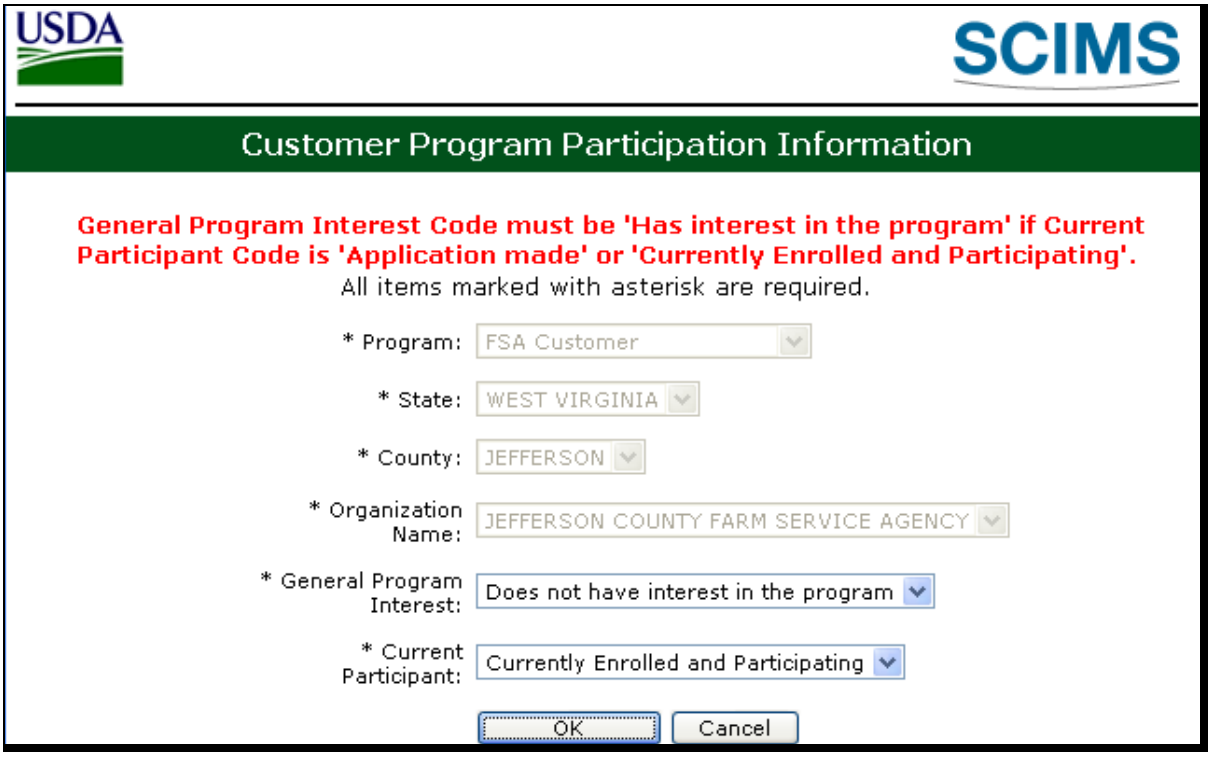
Note: The Program Participation and the Legacy Link State and county must match for the record to be updated.

179 Additional Customer Entries (Continued)

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.

*--

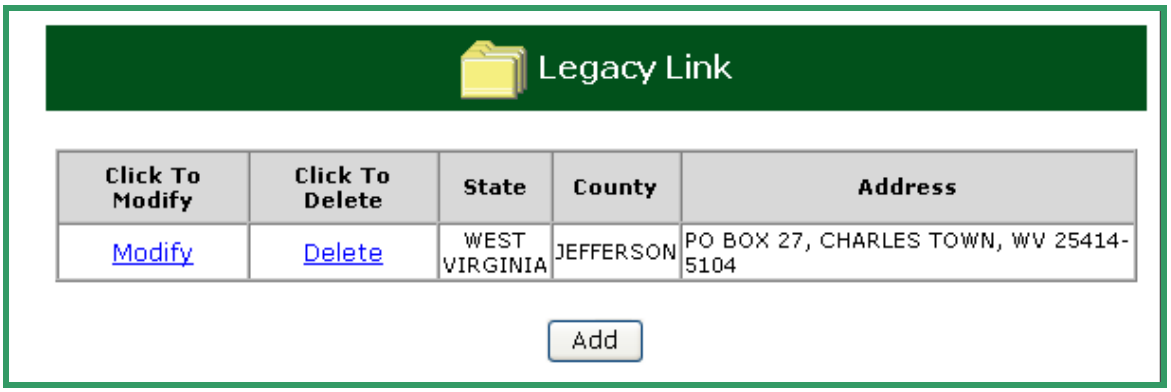


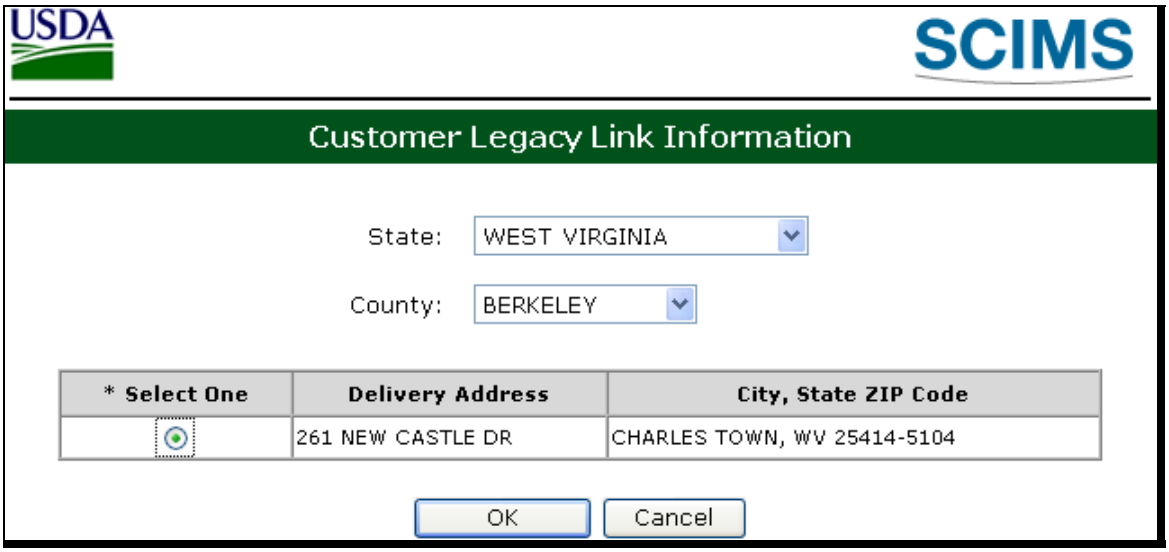
--*

179 Additional Customer Entries (Continued)

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.
*--





--*

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. **Note:** "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.

179 Additional Customer Entries (Continued)

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.

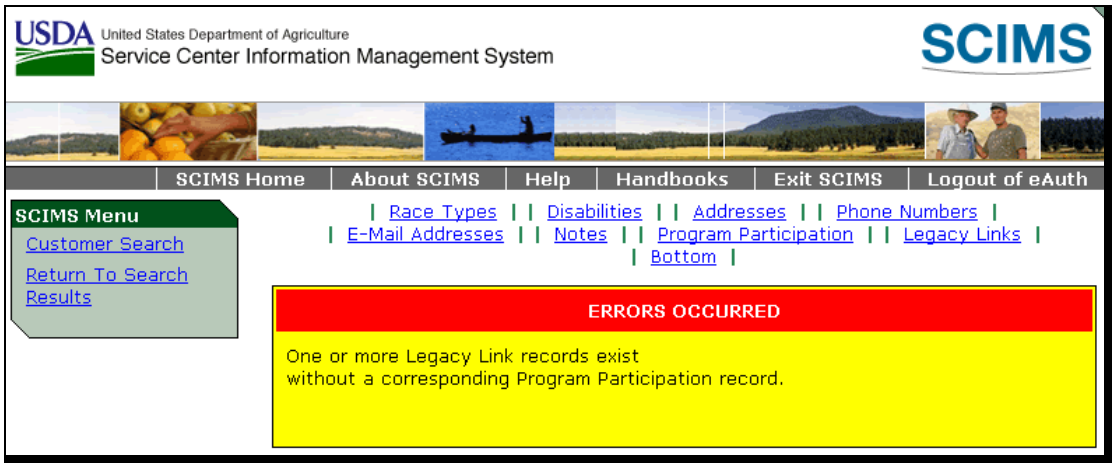
If a linked address is:

- 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.

*--

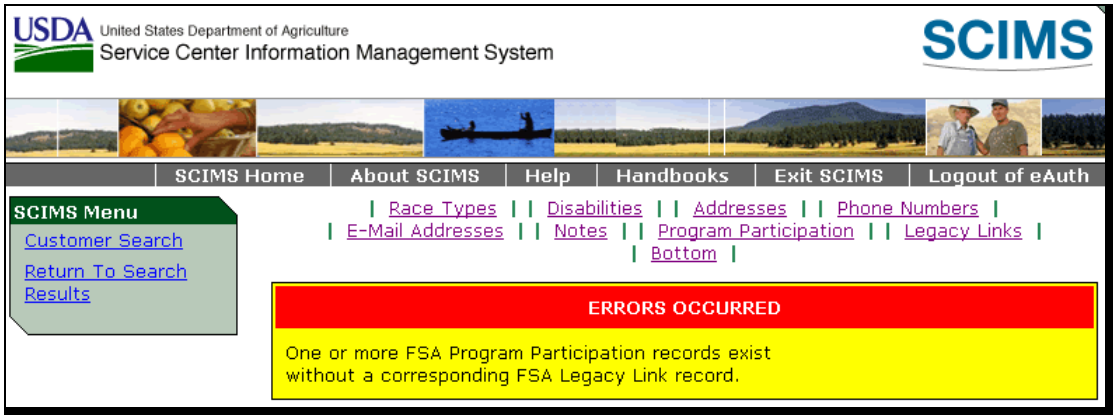


--*

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

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.

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

```
                                U.S. Department of Agriculture                Prepared:04-10-02
C. FRB-SUBS                           Farm Service Agency
Report ID: MACI01-RO01         SCIMS To 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 Adding or Changing TIN in SCIMS--

A Introduction

SCIMS allows changing or adding TIN 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 Adding or Changing TIN's

To 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 TIN by entering the new ID number in the "Tax ID" field.

Only FSA State SCIMS Security Officers are authorized to change or delete an existing TIN. County Offices shall contact the FSA State SCIMS Security Officer to request changing or deleting TIN

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

194 Changing or Adding TIN 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: • entity file • farm records • program that would prevent the ID from being deleted	• the changed ID will be added to the AS/400 name and address file • the previous ID will be moved to "Deleted" status by KC-ITSDO.	The County Office will not receive a report. No action is required.
active in any county's: • entity file • farm records • program that would prevent the original ID from being deleted	• all counties where the ID is active will be notified by report that the ID has been changed, but cannot be deleted until made inactive • both ID's will be maintained on the AS/400 name and address file until the original ID is made inactive.	The County Office or Offices where the original ID is active shall take action to make the original ID inactive according to *--paragraph 197.--*

194 Changing or Adding TIN 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. *** * ***

--Note:** Only FSA State SCIMS Security Officers are authorized to change or delete an existing TIN. County Offices shall contact the FSA State SCIMS Security Officer to request changing or deleting TIN.**--

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

***--Notes:** Only FSA State SCIMS Security Officers are authorized to delete an existing legacy link. County Offices shall contact the FSA State SCIMS Security Officer to request deleting legacy links.

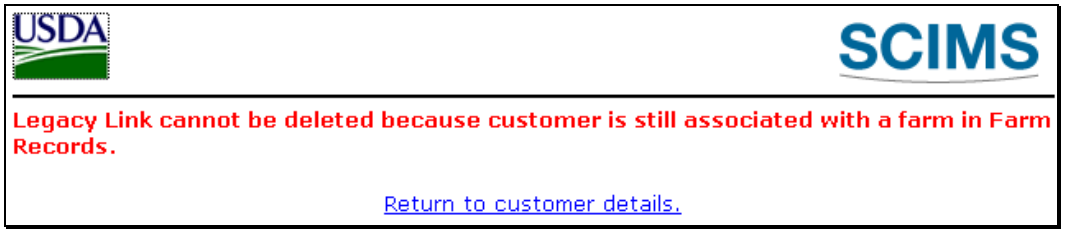
Notify NRCS before undertaking this activity to determine impact on NRCS programs, if applicable.**--***

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.

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. **Notes:** 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. ***--**Only FSA State SCIMS Security Officers are authorized to delete an existing legacy link. County Offices shall contact the FSA State SCIMS Security Officer to request deleting the legacy link.**--***

195 Unlinking Customer in SCIMS (Continued)

C
Notification of Unlinking in SCIMS

If a customer is unlinked in SCIMS and cannot be deleted, the message, **"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:"**, 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 Entity 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. **Note:** 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. **Note:** This must be coordinated with other County Offices where the customer is linked.

*--197 SCIMS to Name and Address Update Report

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

C Messages and Actions (Continued)

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

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 BP

A Customer Data Changes

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

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

***--Notes:** If item 4 C is checked "Yes", the customer is agreeing to receive sensitive e-mails from FSA. Update BP to indicate the customer has agreed by checking the "Receive Sensitive Emails" check box in the BP Record, Emails tab.

See applicable FLP directives for information about limitations on using e-mails to communicate with FLP customers.**--***

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 AD-2047.

*--

This form is available electronically. Form Approved – OMB No. 0560-0265

AD-2047
(12-10-14)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency
Rural Development
Natural Resources Conservation Service

CUSTOMER DATA WORKSHEET REQUEST FOR BUSINESS PARTNER RECORD CHANGE (FOR INTERNAL USE ONLY)

(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)

PART A – CUSTOMER INFORMATION

1A. Customer's Full Legal Name or Business Name	1B. Customer or Business *Address (Including Zip Code)*	
1C. Home Telephone Number *(Area Code)*	1D. Business Telephone Number *(Area Code)*	1E. Other Telephone Number *(Area Code)*
2. SSN or Tax ID Number *(9 Digits)*	3. E-Mail Address	
4A. Does the customer want to receive mail by USPS? ☐ YES ☐ NO	4B. Does the customer want to receive e-mails via GovDelivery? ☐ YES ☐ NO	4C. Does the customer want to receive sensitive (but non-PII) Producer or Farm Specific related emails? ☐ YES ☐ NO

5. Producer is Customer of One or More of the Following Agencies. *(Check Appropriate Agency(ies) below:)*
☐ FSA ☐ RD ☐ NRCS ☐ Not Participating

6. Is the Customer a Multi-County Producer? ☐ YES *(If "YES," list States and/or Counties below:)* ☐ NO

7. Reason for Request *(Check appropriate box(es) below:)*
☐ New Producer ☐ Address Change ☐ Telephone Change ☐ Sale/Purchase ☐ Life Event
☐ Other *(Specify)*:

8. Enter the name of the customer requesting the record change(s). If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. Requestor's signature is not required. ***(The only time the customer is required to sign Item 8B is when they are physically at a Service Center and providing FSA with applicable information.)***

8A. Name of Customer Requesting Change	8B. Signature	8C. Date of Record Change *(MM-DD-YYYY)*

PART B – SERVICE CENTER ACTION

9A. Agency Who Received Request: *(Check one below)* ☐ FSA ☐ NRCS ☐ RD	9B. Initials of Employee Receiving Request *(If Different than Item 12A)*	9C. Date Service Center Employee Received the Request *(MM-DD-YYYY)*

10. How the Request for Change was Received:
☐ Office Visit ☐ Telephone ☐ FAX ☐ USPS ☐ Other *(Specify)*:

11. Remarks if Applicable:

12A. Signature of Employee Updating Business Partner if not initialed in Item 9B.	12B. Date Service Center Employee Updating Business Partner *(MM-DD-YYYY)*

FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE ONLY. ***(OPTIONAL)***

13A. I concur/do not concur the above items have been properly updated. ☐ Concur ☐ Do Not Concur

13B. Name of District Director/Area Conservationist for Spot Check	13C. Signature of District Director/Area Conservationist for Spot Check
13D. Title	13E. Date *(MM-DD-YYYY)*

--*

198 Documenting Customer Data Changes in SCIMS (Continued)

C Example of AD-2047 (Continued)

*--

AD-2047 (12-10-14) Page 2 of 3

NOTE: *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 the Computer Security Act of 1987 (Pub. L. 100-235), OMB Circular A-123, Federal Managers' Financial Integrity Act of 1982, and Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request by the producer for changes to the business partner record. 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 Notices for USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/RD-1, Applicant, Borrower, Grantee, or Tenant File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to request changes within the business partner record.*

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 against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at ***http://www.ascr.usda.gov/complaint_filing_cust.html****, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at* ***program.intake@usda.gov****. USDA is an equal opportunity provider and employer.*

--*

198 Documenting Customer Data Changes in SCIMS (Continued)

C Example of AD-2047 (Continued)

*--

AD-2047 (12-10-14) Page 3 of 3

INSTRUCTIONS FOR AD-2047 (FOR INTERNAL USE ONLY)	
PART A	Note: Items 1-6 are required only as applicable to requested change. Items not applicable to requested record change may be left blank.
1A	Enter customer's full legal name or business name.
1B	Enter customer or business mailing address including Zip Code.
1C	Enter customer's home telephone number including area code.
1D	Enter customer's business telephone number including area code.
1E	Enter customer's other telephone number including area code.
2	Enter customer's 9-Digit SSN or TIN as applicable.
3	Enter customer's e-mail address.
4A, 4B or 4C	Enter "YES or NO" to indicate whether or not the customer wishes to receive mail and/or e-mail. NOTE: Emails received under 4C contain sensitive data.
5	Check the appropriate boxes indicating the agency(ies) where the producer is customer.
6	Check "YES or NO" to indicate whether or not the customer is a multi-county producer. If "YES," specify states and county offices.
7	Check appropriate box(es) to indicate the reason for the requested record change(s). If "OTHER," specify.
8A	Enter the name of the Customer requesting the record change(s). Customer requesting change shall sign. Note: - If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. (Requestor's signature is not required.) - If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. (Requestor's signature is not required.)
8B	The customer is only required to sign Item 8B when they are physically at a Service Center Site providing FSA with applicable information.
8C	Enter date *(MM-DD-YYYY)* the record change is requested.
PART B	Note: - Items 9A - 12B must be completed. - Items 13A - 13C must be completed only if selected for spot-check.
9A	Check the appropriate box indicating agency who received the request.
9B	Enter initials of Service Center employee receiving the request.
9C	Enter date *(MM-DD-YYYY)* Service Center employee received the request.
10	Check the box to indicate method by which the Service Center received the request. If other, specify.
11	Enter remarks regarding the records change.
12A	Enter the signature of Service Center employee updating Business Partner.
12B	Enter the date *(MM-DD-YYYY)* the Service Center employee updated Business Partner.
	OPTIONAL FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE DURING SPOT CHECKS.
13A	Check the box to indicate that the Agency Official did Concur or did not Concur.
13B	Enter the name of the District Director/Area Conservationist for Spot Check.
13C	Enter the signature of the District Director/Area Conservationist for Spot Check.
13D	Enter the Agency Official's Title.
13E	Enter the Date *(MM-DD-YYYY).*

--*

*--199 Documenting Customer Declared Race, Ethnicity, and Gender Data

A OMB-Approved Forms

OMB has approved the following forms to collect race, ethnicity and gender data:

- AD-2035
- AD-2106
- FSA-2001
- FSA-2211
- FSA-2212
- FSA-2301
- FSA-2683.

No other forms may be used to collect race, ethnicity, or gender data.

B Collecting Race, Ethnicity, or Gender Data

This table provides procedure for handling race, ethnicity, or gender data.

IF the race, ethnicity, or gender data is provided…	THEN Service Center employee will…
verbally	complete AD-2047 by recording the name, address, and race, ethnicity, or gender data in block 11. Update the race, ethnicity, or gender data in SCIMS as "Customer Declared" and file according to subparagraph 198 B.
on AD-2035	update the race, ethnicity, or gender data in SCIMS as "Customer Declared", file a copy of AD-2035 in the participants "PE-2, Producer Eligibility" folder, and submit the original AD-2035 according to Minority Farm Register procedure.
on AD-2106	update the race, ethnicity, or gender data in SCIMS as "Customer Declared" and file the completed AD-2106 in the participants "PE-2, Producer Eligibility" folder.
on FSA-2001, FSA-2211, FSA-2212, FSA-2301, or FSA-2683	update the race, ethnicity, or gender data in SCIMS as "Customer Declared" and file according to FLP procedure.

--*

*--199 Documenting Customer Declared Race, Ethnicity, and Gender Data (Continued)

C Example of AD-2106

The following is an example of a completed AD-2106.

AD-2106
(01-19-12)

Approved – OMB No. 0503-0019

U.S. Department of Agriculture

Form to Assist in Assessment of USDA Compliance With Civil Rights Laws

QUESTIONNAIRE

The purpose of this questionnaire is to gather race, ethnicity, and gender information about persons who apply and participate in this USDA program. The information you provide will not be used when reviewing your application or when determining whether you are eligible to participate in this program. This is a voluntary questionnaire. You are not required to give this information, but we hope you will because the information you give will be used to improve the operation of this program, to help USDA design additional opportunities for program participation, and to monitor enforcement of laws that require equal access to this program for eligible persons. If you have previously provided this information to USDA please DO NOT fill out this form. Your information will be kept private to the extent permitted by law. Thank you for your response.

1. What is your name? Any # Producer

2. Legal Residence: 123 Nowhere Street
Anywhere, ST 99999

3. What is your gender? ✓ Male ___ Female

Please answer BOTH question 4 and question 5 below about ethnicity and race. For this questionnaire, Hispanic or Latino origins are not races.

4. Ethnicity: ✓ Hispanic or Latino

___ Not Hispanic or Latino

5. What is your race? Mark all that apply.

✓ American Indian or Alaska Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

✓ White

According to the Paperwork Reduction Act of 1995, an agency may not conduct, 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 0503-0019. The time required to complete this information collection is estimated to average 2 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.

--*

200-206 (Reserved)

207 Producer Selection 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.

```
                        000-XXXXXXXXXXXX         CHANGE         MACI1001
Name/Address - File Maintenance    Version:  XXXX  XX/XX/XX    XXXX  Term  XX
-------------------------------------------------------------------------------

                           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 XXXXXXXXXXXXXXXXXX









Cmd7-End                                                  Enter-Continue
```

Continued on the next page

D
Entries on Screen MACI1001

Follow 1 of these procedures to select a producer.

Field	Entry
Last Four Digits of ID	Enter the producer's last 4 digits of the ID number.
ID Number and Type	Enter the producer's: • full ID number • ID type.
Last Name	Enter the producer's last name or part of the last name.

E
"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 and address file matches the entry	Screen MACR0801 will be displayed.	Select the producer. **Result:** Screen MACI2001 will be displayed.

Continued on the next page

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 the name and address file matches the entry	Screen MACR0801 will be displayed.	Select the producer. **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 address file matches the entry	Screen MACR0801 will be displayed.	Select the producer. **Result:** Screen MACI2001 will be displayed.

H
Summary

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

208 Individual Basic Data Screen MACI2001

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                    Change       MACI2001
Name and Address - File Maintenance    Version: AE28  08/30/2001 15:50 Term F1
--------------------------------------------------------------------------------
                            Individual Basic Data


   ID Number 452-84-3028   ID Type  S    Name Type I      Entity Type CY   01
                                                                       CY-1 01
   Name for Mail  MARY Z NEMEC                                         CY-2 01

   Last Name                      First Name     Second Name         Suffix
   NEMEC                          MARY           Z


   Mailing Address:    1st Line   C/O CLARNECE HAECKER         Car-Rt R001
                       2nd Line   RR 1 BOX 45H
   City   CIBOLO                  State  TX      Zip Code  78108 9501
   City-Province Foreign Country
   Telephone   000 000 0000   Receive Mail    N   Eligible to Vote          N
   Other Phone 000 000 0000                       Farm Loan Customer        N
   Sex    1     Race          Employee            Committee Member or CED
   Handicap Type              COC and LAA    00   Required Spot Check       N


Cmd7-End, Cmd3-Previous, Cmd13-More Data             (U)pdate, Enter-Continue
```

Continued on the next page

C
Entering Supplemental Data on Screen MACI2001

Enter supplemental data for the customer according to the following table.

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.	For individuals and businesses, ENTER: • "Y" if eligible • "N" if ineligible. **Note:** For CMA or LSA, must be "N".
Farm Loan Customer	• Indicates that the customer is a farm loan customer. • Defaults to "N" for newly created records. • Changes to "Y" if the customer is a farm loan customer. **Note:** The following fields must have been entered in SCIMS before changing to "Y": • "Name Prefix" • "Veteran Status" • "Marital Status".	For individuals and businesses, ENTER: • "Y" if a farm loan customer • "N" if not a farm loan customer.
Committee Member or CED	For current committee members only. **Notes:** An entry of COC or STC results in the individual being a required spot check. The customer must be designated as an employee.	Enter 1 of the following: • "COC" • "CMC" • "STC".
	For current COC or CMC alternates.	ENTER "ALT".
	For CED in the County Office where employed.	ENTER "CED".
	For the advisor.	ENTER "ADV".

Continued on the next page

C
Entering Supplemental Data on Screen MACI2001 (Continued)

Field	Description	Entry
Required Spot Check	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". **Note:** For an FSA employee, SCIMS will set the flag to "Y".	• For individuals and businesses, change to "Y" for required spot checks. • For individual MQ review and committee members, change to "T". **Note:** See 15-AO and 2-CP.
COC and LAA	• The "COC and LAA" field is 2 characters. • The first entry in the field is the COC number for the county associated with the producer. • The second entry in the field is LAA associated with the producer. • Acceptable data for both fields can be found in the LAA file. See 15-AO, Part 3, Section 4 for further information. **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.	Enter COC and LAA for the producer according to 15-AO, Part 3, Section 4.

Continued on the next page

208 Individual Basic Data Screen MACI2001 (Continued)

D
Updating Data Entered on Screen MACI2001

Update supplemental customer data entered on Screen MACI2001 according to the following table.

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	• move the cursor directly over the incorrect entry • enter the correct entry • PRESS “Enter” or ENTER “U” to update.

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.

Continued on the next page

B Example of Screen MACI2501

Following is an example of Screen MACI2501.

```
                    223-HOPKINS                          Change        MACI2501
 Name and Address - File Maintenance         Version: AE24     8/07/2001 11:13    Term F2
 ---------------------------------------------------------------------------------------
                                Supplemental Data

   ID Number   449-66-2234     Name for Mail   DON J FALK

   ID Type S

   Spouse ID   NONE            Spouse ID Type                     Spouse Auth To Sign   N

                                                FOIA                                     N
   Foreign Person              N                Foreign Person Tax Rate                .00
   Lawful Alien                N                Refuse Payment                           N
                                                Direct Deposit                           N
   Beef Producer               N                Deceased Person                          N
   Dairy Producer              N                Incompetent Person                       N
   Dairy Termination           N                Minor Person                             N
   Honey Producer              N                Missing Person                           N
                                                MQ Review Member                         N
                                                Referendum Member                        N

 Cmd7-End, Cmd3-Previous                              (U)pdate, Enter-Continue
```

C Entries on Screen MACI2501

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

Field	Description	Entry
Spouse ID	This is a 9-digit field. **Note:** The spouse's ID must be in the name and address file.	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.	Enter 1 of the following: • "S" if a Social Security number • "T" if a temporary number • "I" if an IRS-assigned number.

Continued on the next page

C
Entries on Screen MACI2501 (Continued)

Field	Description	Entry
Spouse Auth To Sign	This is a 1-character field set to "Y".	Enter either of the following: • "Y" when the spouse ID is entered • "N" when written notification denying authority has been provided to the County Office, or the producer is not married. See subparagraph 707 B.
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".	ENTER "Y" if the producer refuses payment for all programs. When set to "Y", document the reasons in the producer's file. **Example of What to Document:** "Refuse payment" flag has been set to "Y" for an invalid number.
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.

Continued on the next page

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 software.
Incompetent Person	This is a 1-character field set to “N”.	
Minor Person	This is a 1-character field set to “N”.	
Missing Person	This is a 1-character field set to “N”.	
MQ Review Member	This is a 1-character field set to “N”.	ENTER “Y”, if applicable, according to 15-AO.
Referendum Member	This is a 1-character field set to “N”.	

Continued on the next page

D
Accessing Screen MACI3001

Follow this procedure to access Screen MACI3001.

IF all fields on Screen MACI2501 are...	THEN...
correct	PRESS “Enter”. **Result:** Screen MACI3001 will be displayed.
incorrect	• move the cursor directly over the incorrect entry • enter the correct entry • PRESS “Enter”.

E
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.

210 Additional Supplemental Data Screen MACI3001

A 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.

```
                    355-NUECES                    Change        MACI3001
Name and Address - File Maintenance     Version: AE25  08/09/2001 10:08 Term G2
-------------------------------------------------------------------------------
                        Additional Supplemental Data

 ID Number   449-66-3028     Name for Mail   DON J FALK

 ID Type     S

 Tobacco Stabilization ID Number    000000      Mailing List 1             N
                                                    Mailing List 2             N
 Alien Controlled Paymt Limitation       N      Mailing List 3             N
 Foreign Controlled - AFIDA              N      Mailing List 4             N
                                                    Mailing List 5             N
                                                Mailing List 6             N
                                                Mailing List 7             N
                                                Mailing List 8             N



Cmd7-End, Cmd3-Previ                                (U)pdate, Enter-Continue
```

Continued on the next page

C
Entries on Screen MACI3001

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

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 Screen MACI3001

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

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

211 Changing or Viewing Application Use Flags Screen MACI3501

A Purpose

Screen MACI3501 displays all of the applications with which the producer is associated.

B Accessing Screen MACI3501

PRESS “Enter” on Screen MACI3001 to display Screen MACI3501.

C Example of Screen MACI3501

This is an example of Screen MACI3501.

```
              XXX-X.   XXXXXXXXXXXXXXXXX        Change           MACI3501
Name and Address - File Maintenance     VERSION OOOO   OOOOOOOO OOOOO   TERM OO
-------------------------------------------------------------------------------
                                Application Use Flags

  ID Number & Type  355 35 5555  S   Name for Mail  SANDRA L DENNY

  Agricultural Conservation Program       Y        Commodity Loan                N
  Conservation Reserve Program            Y        Livestock Feed Program        Y
  Other Conservation Program              Y        Farm Loan Program             Y
  Fiduciary                               N        Power of Attorney             Y

               Producer        Current Year      Previous Year       5-CM
               Active               Y                  Y              Y
               Multi-County         N                  N              N
               Combined             N                  N              N

 Assigned Payment                         N        Bankruptcy                    N
 Claims                                   N        Joint Payee                   N
 Other Agency Claims                      N        Receivables                   N

  Cmd7-End     Cmd3-Previous                        (U)pdate, Enter-Continue  U
```

Continued on the next page

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

D Flags Set Through Application Processing

The application use flags for the fields in this table are set through application processing and cannot be changed by the user. All fields are 1 character and will be set to “Y” or “N”.

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
Active Producer flag is “Y” when the ID number is active on the farm producer file or the permitted entity file for the: • Current Year • Previous Year. * * *	Subsidiary software. **Note:** Current year and previous year fields are subsidiary years, **not** crop years. * * *
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: • Current Year • Previous Year. * * *	
Combined Producer for: • Current Year • Previous Year. * * *	

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

E 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.

E
User Changes
(Continued)

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

```
                    355-NUECES                    Change       MACI6001
Name and Address - File Maintenance     Version: AE33  11/16/2001 11:00 Term F4
-------------------------------------------------------------------------------


   ID Number 450-53-1234       Name for Mail LISA SCHROEDER
   ID Type   S


                  Name/Address Record Has Been Updated

                        Press Enter To Continue
```

212 Changing or Viewing Spouse Supplemental Data Screen MACI4001

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.

```
                    999-R TRAINING COUNTY         Change       MACI4001
 Name and Address - File Maintenance       Version: AC52  01/03/95 10:59 Term D5
 ---------------------------------------------------------------------------------
                              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 Line   P O BOX 111                  Car-Rt B007
                       2nd Line
   City   MARKET                  State  AL      Zip Code  35666 5555
   City-Province Foreign Country
   Telephone   000 000 0000   Receive Mail    N   Eligible to Vote         Y
   Other Phone 000 000 0000                       Farm Loan Customer       N
   Sex    2     Race    _   Employee              Committee Member or CED
   Handicap Type            COC and LAA      12   Required Spot Check      N

 Cmd7-End, Cmd3-Previous, Cmd13-More Data                      Enter-Continue
```

213-222 (Reserved)

Parts 9-11 (Reserved)

223-275 (Reserved)

276 KC-ITSDO Name and Address Files

A
Name and Address Database Contents

KC-ITSDO maintains a name and address database that contains:

- essentially the entire name and address record for all producers and facilities recorded in County files
- other flags created by KC-ITSDO from CAD- and NASS-uploaded records.

B
Database Purpose

The name and address database is used for:

- subsidiary file processing
- providing data to other USDA agencies
- responding to FOIA requests from Congress, private individuals, and organizations
- preparing CCC-1099-G's.

277 Transmissions to KC-ITSDO

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

  Note: 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:

- a control record with the number of records that are transmitted
- the updated name and address records since the last transmission.

Note: Subsidiary files are transmitted at the same time as the name and address file.

Continued on the next page

277 Transmissions to KC-ITSDO (Continued)

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:
  - allow KC-ITSDO sufficient time to process all updates
  - avoid receipt of duplications of the updates by KC-ITSDO
- 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.

278 KC-ITSDO Processing

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.

Continued on the next page

278 KC-ITSDO Processing (Continued)

C
Out-of-Balance

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:

- reject the entire transmission without updating KC-ITSDO name and address file
- return the control record to the transmitting County, requesting retransmission.

  Note: The control record will:

  - be displayed during start-of-day processing with the message, "The County Transmission File is OUT-OF-BALANCE Retransmit Files Immediately"
  - remove lockout for retransmission
  - after retransmission, lock out further name and address transmissions until a control record is received
  - allow County Offices to update records in name and address file while lock out is in effect.

D
Downloading Subsidiary Files

After the file is transmitted, it takes about 1 week to receive the download of subsidiary files from KC-ITSDO.

279 Missing Counties Report

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                          U.S. DEPARTMENT OF AGRICULTURE        JOB NO: 070695001  07-06-95  PAGE 1
STATE: 01-ALABAMA                            FARM SERVICE AGENCY
                                        KANSAS CITY MANAGEMENT OFFICE

                                             MISSING COUNTIES REPORT

                                   PRIOR ACCEPTED TRANSMISSION                 LAST CURRENT TRANSMISSION
          ST/CTY    COUNTY NAME    CROP    DATE      NO. REC   IN-BAL          CROP    DATE      NO. REC    IN-BAL
           CODE        ABBR        YR     TRANS   TRANSMITTED  FLAG            YR     TRANS   TRANSMITTED   FLAG

          01 333      CALVERT       95   95-06-26          101   Y             00   00-00-00            0
          01 444      FRANKLIN      95   95-06-19           64   Y             00   00-00-00            0
          01 531      JEFFERSON     95   95-06-27           29   Y             00   00-00-00            0
          01 677      LIVINGSTON    95   95-06-27           52   Y             00   00-00-00            0
```

280-290 (Reserved)

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 Accessing Menu MAB100

When users take option “3” from Menu MACI00, Menu MAB100 will be displayed.

C Example of Menu MAB100

This is an example of Name/Address Report Menu MAB100.

```
COMMAND                          MAB100                                  BO
Name/Address - Report Menu
-------------------------------------------------------------------------------

             1.  Reserved
             2.  Print Incomplete Name/Address Records
             3.  Print List of Farm Loan Program Borrowers
                 With Multiple "Y" FLP Flags in Name and Address
             4.  Print List of Eligible Voters Assigned to an
                 Invalid COC/LAA



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

   * option not available                Cmd3-Previous Menu

Ready for option number or command
```

292 Printing Incomplete Name and Address Records

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 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 (Withdrawn--Amend. 49)

*--295 ZIP+4 Processing

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 **not** 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:

- ZIP Code validation
- addition of carrier route and validation
- addition of delivery point bar code
- address for standardization and validation
- PS-3553 for use in bulk mailing.

Note: 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:

- procedure to process ZIP+4 records
- instructions on correcting customers identified with incorrect addresses.**--***

Continued on the next page

C
Customers in SCIMS

Validation for SCIMS customers will be processed on the SCIMS database by 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 Other Name and Address File

Customers that reside in the county's AS/400 "Other Name and Address" file will be uploaded to KC-ITSDO and processed. Customers' address records that match 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.

Step	Action	Result
1	On Menu FAX07001, ENTER "9" and PRESS "Enter".	Screen MA000001 will be displayed. The message, **"File containing the ZIP+4 validation records is present on the system. Process this file by selecting Option 5 on Menu MACI00."**, will be displayed.
2	PRESS "Enter".	Menu MA0000 will be displayed.
3	ENTER "2" and PRESS "Enter".	Menu MACI00 will be displayed.
4	ENTER "5" and PRESS "Enter".	Screen MABPRT01 will be displayed.
5	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.

--*

Continued on the next page

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.

Examples: 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.--*

---

*--296 ZIP+4 Non-Updated Address Report MAB072-R001

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.

Note: 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

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:

- telephoning customers
- contacting local postmasters
- telephone directories
- USPS website.

C
Example of Report MAB072-R001

This is an example of Report MAB072-R001.

```
                                        U.S. Department of Agriculture                          Prepared: MM-DD-YY
XXX--COUNTY NAME--XXX          Agriculture Stabilization and Conservation Service
Report ID: MAB072-R001                    ZIP+4 Non-Updated Address Report                          Page: ZZZ9


                                                                                                     Return Codes

                                                                                                 G D S A S C Z Z C
Rec.                                                                                             E I U P T S I P R
Type  ID Number    Name                    Mailing Address      City           ST Zip Code       N R F T A T P 4 T
----  -----------  -------------------- -------------------- --------------- -------  - - - - - - - -
 00   462953208 S  HALL           RICK    123 BAD RIVER RD     YORK CITY      SD  57332-0000    H       H H H H H
 00   369258836 S  IRVING         STEVE   77 MILAM RD          BLANKET CITY   SD  55233-0000    S       S S S S S
 40   999991103 F  FARM SERVICE AGENCY                          SMITHVILLE     SD  53624-0000    B       B B B B B

                                          E N D  -  O F  -  R E P O R T
```

--*

Continued on the next page

*--296 ZIP+4 Non-Updated Address Report MAB072-R001 (Continued)

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	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

--*

296 ZIP+4 Non-Updated Address Report MAB072-R001 (Continued)

E Interpreting Codes on Report MAB071-R001

Report MAB071-R001 is sorted by last or business name. Record types of "00" are customer records that reside in SCIMS. County Offices must access SCIMS 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
A	Apartment number was missing or not found in the database and an apartment level match was required.
B	Insufficient (or blank) address information to make a match.
C	The probability of the address match being correct exceeded an acceptable level.
D	The directional code did not match the database.
H	House or box number was not found on this street.
L	The returned address was too long to be stored.
M	Multiple matches were found.
N	In the: • "DIR" column, directional was not found on input address but was present on the database • "SUF" column, suffix was not found on input address but was present on the database • "APT column, an apartment was not found on input address but was present on the database.
O	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.
X	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)

Section 2 (Withdrawn--Amend. 51)

305 (Withdrawn--Amend. 51)

306-315 (Reserved)

Part 14 Addition and Deletion of Counties

316 Overview

A 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 County

The term county means:

- any county, parish, or administrative unit equivalent to a county
- any price support cooperative approved by the Policy and Procedure Branch, PSD.

C PSD Responsibility

PSD shall:

- 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 automated system.

317 Adding a County to the State Office Automated System

A Updating the Master County File

Update the Master File when notified by PSD that a cooperative is approved to participate in the loan program.

Follow this table to update the Master County Office Name and Address File to include the county.

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”.

Continued on the next page

A Updating the Master County File (Continued)

Step	Action
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.

Continued on the next page

B
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.

318 Deleting a County From the State Office Automated System

A
Deleting County From Name and Address File

State Offices shall use this table to delete a county from the State Office master county name and address file when notified a county has been removed from the 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)

330 Establishing a County on the County Office Automated System

A Establishing Office Control File

To establish the office control file, take the following steps when:

- a cooperative is approved to participate in the loan program
- 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	On Screen FAX24001, enter: • the State name and PRESS “Field Exit” • the county name and PRESS “Field Exit” • the State code, county code, and check digit.
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.

Continued on the next page

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: • farms • tracts • producers. 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.

Continued on the next page

C
Loading the County Data Table

The County data table is used to load basic information. To enter data follow:

- paragraphs 22, 23, and 24 for a cooperative county
- paragraphs 22, 23, 24, and 26 for a combined county.

D
Entering Records on the Name and Address File

Follow paragraphs 175 through 179 to enter records onto the producer name and address file.

Note: Name and address entries must be completed before building the price support master files.

A
Adding CMA or LSA

A County Data Table record **must** 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:

- contact the National Help Desk at 1-800-255-2434 to obtain a valid daily Accounting Authorization Code for the current date

- on Menu FAX250, select option 4, “Application Processing (Office Selection)”

- on Menu FAX07001, select option 1, “Accounting”

- on Accounting Main Menu AAA000, ENTER “AAABLD” on the command line and PRESS “Enter”

  Note: 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

A
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. **Note:** 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.

332 Deleting a County From the County Office Automated System

A
Initializing Diskettes

Before saving files to tape, use this table to initialize a minimum of 4 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”. **Example:** “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 to Diskette

After diskettes are initialized to the appropriate State and county codes, use this table 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”. **Example:** “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”. **Example:** “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”.

Continued on the next page

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

C
Deleting From Office Control Table

County Offices shall use this table to remove the county from the County Office Control 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. **Note:** **Do not** PRESS “Enter” until file group is entered as shown in step 5.
5	Enter name of file group to be deleted. **Example:** 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)

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: • a person receiving no direct benefit from the action • FSA employee. **Note:** Witness shall sign by the mark. See paragraph 678 for an example.
printed	the signature must be witnessed by either of the following: • a person receiving no direct benefit from the action • FSA employee. **Note:** Witness shall sign by the signature.
other than in English script	

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
Completing CCC-64

Complete CCC-64 according to this table.

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: • after the date of the principal and sureties' signatures • on or before the effective date of the bond.

Continued on the next page

D Completing CCC-64 (Continued)

This is an example of CCC-64.

*--

This form is available electronically.

Form Approved - OMB No. 0560-0087

CCC-64 (04-23-98) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation SURETY BOND (Minor)	1. COUNTY FSA OFFICE NAME AND ADDRESS TELEPHONE NO. *(Include are code)*:	
	2. CCC PROGRAM	3. EFFECTIVE DATE OF BOND

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is to be supplied on this form is the Commodity Credit Corporation Charter Act and the regulations promulgated thereunder (7 CFR Part 1421). The information requested is necessary for a minor who otherwise meets the requirements of such Program who may be eligible to participate therein and receive monies thereunder if CCC is furnished a bond under which a surety guarantees to protect CCC from any loss incurred for which the minor would be liable had the minor been an adult. This information may be provided to other agencies, IRS, Department of Justice or other State and Federal Law enforcement agencies and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 297, 371, 641, 651, 1001, 15 USC 714m; and 31 USC 3726, may be applicable to the information provided.*

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 0560-0087. The time required to complete this information collection is estimated to average 5 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. ***RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

4. **KNOWN ALL PERSONS BY THESE PRESENTS**, That We As:

(a) _____ *(Principal)*, and

(b) _____ *(First Surety)*, and *(c)* _____ *(Second Surety)*

are held and firmly bound into the Commodity Credit Corporation *(hereafter called CCC)* in the sum of *(d)* _____

_____ dollars *(e)* ($ _____) for the payment of which well and truly to be made, the Principal and Surety or Sureties bind themselves and their heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

The condition of these obligations is such that:

WHEREAS, The Principal is a minor and has agreed to comply with the provisions of the above-named Program (Item 2) under which he or she is or will be entitled to receive monies from CCC;

AND, WHEREAS, 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 thereunder 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;

AND, WHEREAS, 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 of which, or liability for which, he or she claims excuse or is excused because of such minority:

NOW, THEREFORE, This bond shall be effective with the date shown in Item 3 and shall continue in effect until terminated by mutual agreement of the Surety or Sureties and CCC; but if the Principal shall well and truly perform and fulfill all of the terms and conditions of such Program and pay any monies which may be due CCC under such Program and all modifications, amendments, supplements, or extensions of the Program as provided by regulations of CCC and amendments thereto, notice of which are hereby waived by the Surety or Sureties then the obligations of the Principal and Surety or Sureties on this bond shall be null and void; otherwise said obligations shall remain in full force and effect.

Signed, Sealed, and Dated this *(f)* _____ **day of** *(g)* _____, *(h)* _____ *(year)*.

5A. PRINCIPAL *(Signature)*	5C. WITNESS *(Signature)*
5B. ADDRESS	5D. ADDRESS
6A. FIRST SURETY *(Signature)*	6C. WITNESS *(Signature)*
6B. ADDRESS	6D. ADDRESS
7A. SECOND SURETY *(Signature)*	7C. WITNESS *(Signature)*
7B. ADDRESS	7D. ADDRESS

8. COUNTY COMMITTEE CERTIFICATE AS TO INDIVIDUAL SURETIES

I hereby certify that each of the Sureties named herein and who executed to above instrument is well known to me and has sufficient unencumbered property, liable to execution, to cover the penalty amount of this bond.

A. NAME AND ADDRESS OF OFFICIAL *(Type or Print)*	B. OFFICIAL TITLE	
	C. SIGNATURE	D. DATE *(MM-DD-YYYY)*

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (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 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

--*

678 Individuals and Cosigners

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

679 Facsimile Signatures for COC's and CED's

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

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:

- signing basic source documents, such as allotment yields
- initialing individual approval records that precede official notices
- filing a statement covering a large number of issuances
- 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

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

- all other applicable signature requirements are met.

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.

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.**--***

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.

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.**--

682-690 (Reserved)

Section 2 (Withdrawn--Amend. 23)

691-696 (Withdrawn--Amend. 23)

697-706 (Reserved)

707 Policy on Evidence of Authority and Signature Limitations

A General Rule for Signature Authority

Nothing in this handbook, or 7 CFR Part 707, gives persons additional time in which to file program applications, contracts, or other documents. Rather, this handbook discusses what evidence is required before FSA will act on properly filed program instruments.

***--**These provisions discuss persons who are signing in a representative capacity. Unless the specific CCC or FSA program otherwise requires evidence of authority of persons signing in a representative capacity, other than FSA-211, evidence of authority **must** be on file **before** FSA will process any benefit or payment application for the person or legal entity involving the representative signature. In this context, **benefit** or **payment** can include, but is **not** limited to, NAP Application for Coverage, ARCPLC contract enrollment for a share greater than zero in either the contract or FSA-578, payment applications, loan applications, MPP applications, LDP applications, CRP contracts, etc. Evidence of authority is **not** required **unless**:

- a benefit or payment is being requested for the person or legal entity for which the representative is entering a signature on the form

- FSA questions the representative's authority to sign for whatever reason.

None of these provisions apply to persons signing under FSA-211. Follow paragraph 730.**--***

County Offices must verify signature authority for all entities and joint operations requesting benefits 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. Procedure about evidence of authority of persons seeking payments on behalf of deceased, disappeared, or persons declared incompetent appears in paragraph 779.

The policy at paragraph 779 does **not** apply to:

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

Note: County Office employees must follow signature authority requirements in applicable handbooks for these programs.

707 Policy on Evidence of Authority and Signature Limitations (Continued)

A General Rule for Signature Authority (Continued)

If the legitimacy of documents provided as evidence of authority to sign is questioned, FSA will seek review from OGC. County Offices will:

- forward copies of the documents to the State Office for review
- refrain from issuing payments or further actions pending response from either the State Office or, if the State Office deems it necessary, the Regional Attorney.

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)***

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. 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*
- *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 *(MM-DD-YYYY)*
John A. Member	Member, J&J LLC	04-02-2009

707 Policy on Evidence of Authority and Signature Limitations (Continued)

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
IMT	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 *(MM-DD-YYYY)*
I.M. Trustee	Trustee, John & Jane Revocable Trust	04-02-2009

--*

707 Policy on Evidence of Authority and Signature Limitations (Continued)

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:

- 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	3. Date (MM-DD-YYYY)
I.M. President	President	04/02/2009

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.**--***

707 Policy on Evidence of Authority and Signature Limitations (Continued)

A General Rule for Signature Authority (Continued)

--**When a representative has signed a document on behalf of a person or legal entity requesting a benefit or payment as discussed in this subparagraph, County Offices will verify that signature authority is on file in the County Office before approving, acting on, or authorizing benefits or payments specifically requested for the person or legal entity by the representative. See subparagraph C for special rules for spouses. See paragraph 779 for**--
cases involving deceased persons or persons disappeared or declared incompetent.

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

  Note: In cases where a principal has died, FSA-211 is no longer valid for attorney signatures following the principal's death.

- 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 finding prior actions on payment issuances on file shall **not** be deemed as evidence of authority to sign.

--**County Offices will 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, if **all** of the following apply:

- the program contract, application, or other document was signed by the participant, applicant, or authorized representative according to the contract or program's rules

- the individual signing the contract, application, or other document did not knowingly or willfully falsify evidence of signature authority or the signature

707 Policy on Evidence of Authority and Signature Limitations (Continued)

A General Rule for Signature Authority (Continued)

- ***--**if the contract, application, or document is requesting a benefit or payment according to this subparagraph and 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 on the day that signature was affixed on the contract, application, or other document.

--**The County Office may require any person who is signing in a representative capacity and who claims to have signature authority to:**--

- provide ID
- file a signature with the County Office
- submit documents supporting the claim of authority.

--Note:** County Office has authority to exercise discretion on when to require evidence.**--

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. See 1-PL, subparagraph 362 B.

707 Policy on Evidence of Authority and Signature Limitations (Continued)

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.

707 Policy on Evidence of Authority and Signature Limitations (Continued)

D County Office Employees

County Office and Federal employees:

- ***--**must **not** act as a power of attorney in the County Office where employed on behalf of any person, including family members

- must **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

***--Notes:** If there is not a written waiver is on file, employees **cannot** act on behalf of participants.

COC and STC **cannot** act on behalf of participants.**--***

- 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).

707 Policy on Evidence of Authority and Signature Limitations (Continued)

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. See subparagraph 707 C.--*

1 of the following:
 	
• administrator
• conservator
• executor
• guardian
• trustee
• receiver
	either of the following:
	
	• 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
	
	• before April 2, 2009, 1 of the following:
	
	  • court orders of appointment with execution order
	  • certificate or letter of administration
	  • trust agreement
	  • last will and testament
	  • certified evidence of probate.
	
	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 Sharon H. Smith	• *John R. Smith by John R. 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.**--

709 General Partnership

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.

709 General Partnership (Continued)

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.

709 General Partnership (Continued)

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.

709 General Partnership (Continued)

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.**--***

709 General Partnership (Continued)

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.**--

710 Joint Venture

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)

Spouses may sign on behalf of each other's individual interest in a joint venture, 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 that individual's 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 venture	a valid power of attorney signed by all members of the joint 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, 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.

710 Joint Venture (Continued)

C Examples of Signature Requirements for Joint Ventures (Continued)

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 redelegation of signature authority	the person authorized to sign for the entity according to subparagraph A may redelegate their authority to an agent on 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. **Important:** 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. **Example 1:** 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. **Example 2:** 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.

711 Corporations, Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies, and Other Similar Entities (Continued)

B Redelegation of Signature Authority (Continued)

IF...	THEN...

the entity documents do **not** allow for redelegation of signature authority	the following may be used to authorize an agent to sign for the entity for:
	
	• corporations, either of the following:
	
	  • 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.
	
	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.
	--**Affidavits filed after July 18, 2001, must be witnessed by an FSA employee or notarized to be considered acceptable.**--
	
	An individual serving as agent may **not** individually redelegate that authority on FSA-211.
	
	Example: 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.

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.**--

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.

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.

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.**--

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 estate, trust, conservatorship, receivership, or guardianship 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:

- an indicator, such as “by” or “for”, illustrating that the individual is signing in a representative capacity
- 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 of the Estate of John C. Smith, Deceased	*Estate of John C. Smith, Deceased, by Richard L. Smith, Administrator* *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, Executors of the Estate of John C. Smith, Deceased	*by Roy L. Smith, Co-Executor*
Harry J. Roe	*by John H. Smith, Guardian* *Harry J. Roe, Minor, by John H. Smith, Guardian*

713 Estate, Trust, Conservatorship, or Guardianship (Continued)

E Fiduciary Signature Examples (Continued)

Name Printed on Document	Acceptable Signature
John H. Smith, Trustee for heirs of Richard R. Roe, Deceased	*by John H. Smith, Trustee*
John H. Smith, Trustee for Mary L. Roe and Richard R. Roe	• *Mary L. Roe and Richard R. Roe by John H. Smith, Trustee* • *by John H. Smith, Trustee*
John W. Smith, Trustee for Heirs of Richard R. Roe, Deceased	• *Mary J. Smith, Agent for John W. Smith, Trustee of Heirs of Richard R. Roe, Deceased* • *John W. Smith, Trustee by Mary J. Smith, Agent*
Richard Roe Trust	• *by John W. Smith, Trustee* • *for John W. Smith, Trustee by Mary Jones, Agent*

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: • order of appointment • statute • letter of authorization.
State agency or department thereof County agency or department thereof Municipal agency or department thereof	One of the following documents: • order of appointment • 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 County Commissioners	• *by John H. Smith* • *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.

728 Policy for Powers of Attorney (Continued)

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 **not** valid for programs authorized by the Food, Conservation, and Energy Act of 2008.
Section A, item 2, "All current and all future programs"	is valid for programs authorized by the Food, Conservation, and Energy Act of 2008. ***--Note:** If "All actions" was checked, FSA-211 shall also be considered valid for executing CCC-926.**--***
Section B: • item 1, "All actions" • item 7, "Other" specifies CCC-526	
Section A, item 2, "All current and all future programs", and the grantor now wants to provide authority for the attorney-in-fact to sign on their behalf for NRCS conservation programs	dated 12-17-08 or later **must** completed by the grantor.

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".

728 Policy for Powers of Attorney (Continued)

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.

728 Policy for Powers of Attorney (Continued)

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 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

    Important: The Service Center agency shall attach written notification to the applicable FSA-211.

  - 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

--Note:** If the grantor is an entity, such as a corporation, partnership, trust, joint venture, or other similar entity granting authority to act for the entity and bind all members, the death of the member or officer who executed FSA-211 does **not** invalidate FSA-211 on file unless the entity is 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.

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.

--729.5 Policy for Limited Case Waivers (Continued)--

A Limited Case Waivers for Power of Attorney (Continued)

Limited case waivers are not applicable to any of the following:

- late-filed signatures
- when the producer is capable of completing the applicable program documents or FSA-211 before the final program date
- when the reason the producer is unable to complete the applicable program documents or FSA-211 is **not** unexpected.

  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.

*--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--*

729.6 Policy for Active Military Duty Personnel (Continued)

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 Notification Requirements

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.

733 Bankruptcy or Foreclosure Authority

A
Evidence of Authority

Use the following table to determine acceptable evidence of authority to sign as a receiver 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: • order of appointment with authority for execution • a short certificate of appointment	It must contain the following by the issuing court: • a signature of the court's officer • the affixed seal • a certification by the court's officer that the evidence of authority is in full force and effect. A copy must be filed in the County Office.
Order of appointment for the Comptroller of the Currency	The authorized official has: • signed • affixed the comptroller's official seal • certified that the appointment is in full force. A copy must be filed in the County Office.
Order of appointment for trustees for creditors, if permitted by State law	The order must be: • signed by all trustees, when there is a certified copy of a resolution adopted by a majority of the unsecured creditors • certified by 1 or more trustees whose appointment is in full force and effect. A copy must be filed in the County Office.

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 ***--**compliance certification for NRCS**--*** applicants that have no determination on file.	Ongoing. See paragraph 753 for additional information.
FSA will provide access to FSA producer eligibility web service. The web service provides the status of compliance with AD-1026, HELC and WC, according to 6-CP as of the date accessed.	A web service has been developed and is currently being used by NRCS to read the applicable determinations recorded in the subsidiary web-based eligibility system.
FSA will accept certification and record ***--**compliance status for NRCS applicants**--*** having no determination on file.	Ongoing. See paragraphs 752 and 753 for additional information.

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 ***--**NRCS applicants having no records on file if**--*** trained NRCS employees are unavailable.	Ongoing. See paragraph 751 for additional information.
FSA will process, hear, and issue determinations for all EQIP appeals and handle mediations. NRCS shall continue to prepare for and participate in hearings of NRCS adverse technical or non-technical determinations.	Ongoing. See 1-APP, paragraph 72 for additional information.

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.

752 Farm Records

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.

*--753 FSA Subsidiary Responsibilities

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: CCC-501A is only required for producers that are not current FSA customers. FSA is not responsible for obtaining this documentation; however FSA shall immediately take the appropriate action once the documentation is provided. Further, if the information provided conflicts with existing documentation already on file in FSA, the County Office shall take the appropriate action to contact the producer to resolve the conflict.**--***

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 (Withdrawn--Amend. 59)

760-772 (Withdrawn--Amend. 59)

773-775 (Reserved)

Part 26 Special Payment Provisions

Section 1 Dead, Missing, or Incompetent Persons

776 Overview

A
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.

B
What Is Not Covered

This section does not apply to succession-in-interest.

777 Order of Precedence of Representatives

A
Deceased Producer

Following is the order of precedence of the representatives of a producer earning payment 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.

B
Missing Producer

Following is the order of precedence of the representatives of a producer earning 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 Responding to Requests for Payments Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent

A Regulation--*

[7 CFR 707.7] Release application.

No payment may be made under this part unless a proper program application was filed in accordance with the rules for the program that generated the payment. That application must have been timely and filed by someone legally authorized to act for the deceased, disappeared, or declared incompetent person. The filer can be the party that earned the payment themselves-such as the case of a person who filed a program application before they died-or someone legally authorized to act for the party that earned the payment. All program conditions for payment must have been met before the death, disappearance, or incompetency except for the timely filing of the application for payment by the person legally authorized to act for the party earning the payment. But, further, for the payment to be released under the rules of this part, a second application must be filed. That second application is a release application filed under this section. In particular, as to the latter, where all other conditions have been met, persons desiring to claim payment for themselves or an estate in accordance with this part 707 must do so by filing a release application on Form FSA-325, "Application for Payment of amounts Due Persons Who Have Died, Disappeared or Have been Declared Incompetent."

***--Notes:** These provisions and FSA-325 do **not** apply to TTPP and CCC-931's.

See:

- 16-TB for policy about rights to TTPP payments of deceased persons or dissolved entities
- subparagraph C and 4-PL for policy on CCC-931's.

B Processing Requests for Payment Issuance

Before approving payment issuance under any application, contract, or loan agreement for a person other than the participant in situations where the participant had died, has disappeared, or has been declared incompetent, the County Office will:

- verify and determine that the application, contract, loan agreement, or other similar form requesting payment issuance has been signed by the applicable deadline for such form by the following:
  - the program, contract, or loan participant or participants--*

***--779 Responding to Requests for Payments Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent (Continued)**

B Processing Requests for Payment Issuance (Continued)

- someone legally authorized to act for the program, contract, or loan participant or participants

Notes: See subparagraph C and paragraph 707.

In cases where someone other than a participant is signing the program application, contract, or loan application, FSA requires documentary evidence of that legal authority before further processing the program application, contract, or loan application.

According to subparagraph C, FSA will **not** authorize the disbursement of payments and will seek advice of the Regional Attorney if there is any question about the documentary evidence of authority of persons asserting legal authority to sign on behalf of individuals who have died, disappeared, or have been declared incompetent.

- in instances where the application, contract, or loan agreement form was signed by someone other than the participant who is deceased, has disappeared, or has been declared incompetent, determine whether the person submitting the form has the legal authority to submit the form to compel FSA to pay the deceased, disappeared, or declared incompetent participant

  Note: Follow subparagraph C in making this determination.

- **not** issue any sort of decision or extent of eligibility decision to anyone other than participants

  Note: Persons who may or may not have legal authority to submit applications seeking payments on behalf of others have no "right" of participation themselves nor are they entitled to determinations. In those instances, a communication may be sent advising that FSA cannot process the application contract or loan agreement form without additional documentation submitted for consideration. Those persons are only considered to be acting on behalf of participants, to the extent FSA accepts the assertion that the person has that legal authority.

- **not** advise persons or speculate about who might be considered to be a legal authorized representative of a participant.

Note: FSA is **not** responsible for advising persons in obtaining legal advice on how to go about obtaining program benefits that may have been due a participant who has died, disappeared, or who has been declared incompetent. FSA should only provide information that FSA can only act on valid applications of participants or those instruments submitted by deadlines by a participant or the participant's legal representative.**--***

*--779 Responding to Requests for Payments Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent (Continued)

C Processing Forms Signed by Persons Asserting Legal Representative

Except for CCC-931's, upon receiving the program application, contract, or loan agreement form signed by someone asserting that they are an authorized representative of the participant who is deceased, disappeared, or declared incompetent, the representative will submit, unless already on file, documentation supporting the authorization. Some examples of documentation could include, but are not limited to, the following:

- court order detailing the authorization
- domiciliary letter
- document showing appointment of the person as executor, administrator, or some similar title and authority
- documentation supporting that a person has signed.

If the County Office has any question that the documentation submitted does **not** clearly authorize the representative to sign, the County Office will forward a copy of the program application, contract, or loan agreement form signed by the representative together with a copy of the documentation submitted in support of the signature to the Regional Attorney through the State Office.

Under no circumstances will FSA employees advise or speculate about the participant's extent of eligibility with persons who have **not** been found to be legal authorized representatives of the participant.

Procedure for acceptable signatures on CCC-931 on behalf of an individual who is deceased, disappeared, or declared incompetent will be issued in 4-PL.

D 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 will be issued to the respective qualified claimant's names using the deceased, missing, or incompetent program participant's tax identification number.

E FSA-325 Application Number

Leave this block blank if application numbers are not used in the programs involved.

--779 Responding to Requests for Payments Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent (Continued)--

F 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.

G 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.

H Filing FSA-325

FSA-325 shall be filed with the:

- County Office by qualified representatives for program payments
- local FS forest supervisor when used for NSCP.

I Application and Contract Requirements

*--The application or contract required by the program handbook must be filed by the deadline set for the particular program under rules and procedures governing the instrument. The application, contract, or loan agreement must be on file in the County Office and either of the following:

- signed by the participant or legal representative
- signed by the authorized representative on FSA-325.--*

--779 Responding to Requests for Payments Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent (Continued)--

J Example of FSA-325

Following is an example of FSA-325.

REPRODUCE LOCALLY. Include date and form number on all reproductions. Form Approved - OMB No. 0560-0026

FSA-325 (02-28-95) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency

APPLICATION FOR PAYMENT OF AMOUNTS DUE PERSONS WHO HAVE DIED, DISAPPEARED, OR HAVE BEEN DECLARED INCOMPETENT

(See reverse for Instructions and Privacy Act and Public Burden Statements.)

FOR USE OF FSA COUNTY OFFICE	
1. STATE AND COUNTY CODE: 31-001	2. APPLICATION NO.
3. PROGRAM: AMTA	4. PROGRAM OR MKTG. YR.: 199X

PART A - REPRESENTATIONS AND APPLICATION FOR PAYMENT

5. It is hereby certified that the person named in item 6 died, was declared incompetent, or disappeared, as indicated, on the date shown in item 7, and there exists a claim for payment due said person under one of the programs of the Department of Agriculture referred to in the regulations pursuant to which this application is made, which claim includes unnegotiated checks or certificates, shown in items 8 and 9, payable to the order of such person. On the basis of the facts set forth below, each of the undersigned applies for payment of his/her share of such claim.

6. NAME	7. [X] DIED [ ] DISAPPEARED [ ] WAS DECLARED INCOMPETENT	DATE
Daniel Mills		10-11-9X
8. UNNEGOTIATED CHECK OR CERTIFICATE NUMBERS	**9. AMOUNT**	**DATE**
151515151	$ 420.00	11-2-9X

10. It is certified that the persons named in item 11 below constitute all the persons authorized by the regulations to submit application for the amount of said claim including any unnegotiated checks or certificates drawn payable to the order of the person named in item 6 and the following is a correct statement of the data respecting such persons required by said regulations. If among the persons listed below there are minors or incompetents, they are in the care and custody of a natural guardian, custodian, legally appointed guardian, conservator, or committee, as the case may be, and the payments applied for will be used for their benefit and support.

11. NAME AND ADDRESS	12. RELATIONSHIP OR CAPACITY
Peggy Mills	Daughter

If any of the persons named in item 11 above is now a minor or is incompetent, the name of each such person and the name of his/her natural guardian, custodian, legally appointed guardian, conservator, liquidator, or committee, as the case may be, are stated below:

13. NAME OF MINOR OR INCOMPETENT AND NATURE OF DISABILITY	14. NAME AND ADDRESS OF REPRESENTATIVE OF MINOR OR INCOMPETENT (Indicate whether Guardian, Custodian, Committee, Conservator or Liquidator)
N/A	N/A

15. In case this claim is made by reason of the death of the person named in item 6 each undersigned applicant, if other than an administrator or executor, represents that there has not been and it is not contemplated that there will be administration of the estate, or that administration of the estate is closed.

16. If this form is used in connection with an application for payment or other document executed by the undersigned and is submitted as a basis for a payment not previously made to the person who died, disappeared, or was declared incompetent, words such as "the applicant," "the undersigned," and the "producer," in such application for payment or similar document shall, as the context thereof may require, be deemed to refer (a) to the applicants signing this application, or (b) to the person who died, disappeared, or was declared incompetent, or (c) to both. Any statement or declaration in such document of acts performed by the person who died, disappeared or was declared incompetent shall be considered to have been made to the best of the knowledge, information, and belief of the successor(s) or representative(s) who sign this application.

17. SIGNATURE OF EACH PERSON LISTED IN ITEM 11 OR HIS/HER REPRESENTATIVE AS SHOWN IN ITEM 14.

SIGNATURE	DATE	SIGNATURE	DATE
/s/ Peggy Mills	11-3-9X		
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

PART B - CERTIFICATE OF COUNTY FSA COMMITTEE

The undersigned authorized county FSA committee representative certifies that each applicant whose signature appears above has the authority to act in the capacity indicated; that the right of the applicant(s) to file this claim was determined in accordance with the regulations of the Department of Agriculture; that the statements contained herein have been examined and are true and correct to the best of the knowledge and belief of the undersigned; and that, if, the application is based on the disappearance of the person there have been presented to the county FSA committee, and there are now on file in the office of the committee, the affidavits as required by the regulations issued by the Department of Agriculture.

FOR THE COUNTY FSA COMMITTEE	DATE
/s/ Ed Jones	11-3-9X

PART C - CHECKS OR CERTIFICATES ISSUED

18. CHECKS OR CERTIFICATE NUMBERS	DATE
151515151	11-3-9X

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.

780 Completing SF-1055 for Payments Due Other Producers

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 for Vendor, Assignee, or Other Persons

Follow the instructions in this table when making payments on behalf of someone other than the person who earned the payment.

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 SF-1055

Following is an example of SF-1055.

Standard Form 1055
Rev. March 1999
Title 4, GAO Manual

CLAIM AGAINST THE UNITED STATES
FOR
AMOUNTS DUE IN THE CASE OF A DECEASED CREDITOR

1. I/we, the undersigned, hereby make claim as _____ (Relationship) for amounts due from the United States in the case of _____ (Name of decedent) who died on the _____ day of _____, _____, while domiciled in the State of _____
2. The basis of this claim is as _____
_____ (State nature of claim, amount, name and location of Department or Agency involved)
3. Has there been or will there be appointed an executor or administrator of the decedent's estate?
_____ ("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 children--if none, so state):

Name	*Age (if under 21)*	*Street Address, City, State, and ZIP Code*	*Name of deceased parent of grandchild*

Continued on the next page

C
Example of SF-1055 (Continued)

If no child or grandchild survives, enter below the following:

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 *Age (if under 21)* *Street Address, City, State, and ZIP Code* *Name of deceased parent of nephew or niece*

_____

_____

_____

5. Have the funeral expenses been paid? _____ ("Yes" or "No.") *(If paid, receipted bill of the undertaker 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)

(Street address) (Street address)

(City, State, and ZIP code) (City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the _____ (Name of claimant (s))

and that the signature(s) of the claimant(s) was (were) affixed in our

(Signature of witness) (Signature of witness)

(Street address) (Street address)

(City, State, and ZIP code) (City, State, and ZIP code)

All unnegotiated Government checks in possession of the claimant, drawn to the order of the decedent and involved in the claim, shall accompany this claim application.

781-790 (Reserved)

Section 2 Attachment of Payments

791 Attachment of Program Payments

A

Jurisdiction

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 (Reserved)

Part 27 Linkage

801 Linkage Requirements

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 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)

The producer has the following options for meeting linkage requirements:

- 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
- 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
- sign a waiver that waives eligibility for crop loss assistance for the producer's crops.

Note: 7 CFR Part 1405.6 contains these requirements.

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:

- obtain at least the catastrophic level of crop insurance for all crops of economic significance in both Counties B and C
- not obtain at least the catastrophic level of crop insurance for any crop but sign FSA-570
- 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.

REPRODUCE LOCALLY. Include form number and date on all reproductions.

FSA-570
(04-11-96)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

WAIVER OF ELIGIBILITY FOR EMERGENCY ASSISTANCE

In accordance with section 508(b)(7)(A) of the Federal Crop Insurance Act, as amended, regarding eligibility for Department programs, **I hereby waive my eligibility to receive any emergency crop loss assistance from the United States Department of Agriculture for any of my crops for which insurance is available, and I have elected not to insure,** under the Federal crop insurance program. This waiver shall remain in effect until the earlier of (1) the crop year following revocation in writing by me or (2) cancellation by the Department. Nothing contained herein affects my eligibility for emergency loans under section 371 of the Consolidated Farm and Rural Development Act.

Producer name: _____

Producer signature: _____

Date: _____

Social Security number (or other program identifier): _____

803-812 (Reserved)

Part 28 Typewritten Checks

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)

*--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. **Note:** Include aerial photography, if applicable, and ensure that all documents are readable.
3	Do **not** 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 case 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: • of the determination • to take normal administrative 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)

Part 30 Controlled Substance Violations

Section 1 Policy Regarding Producers

871 Policy

A
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 Substance Convictions *--Except Possession and Trafficking

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 benefits as provided in subparagraph C:

- planting
- cultivating
- 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.**--***

C
Program and Benefits Affected

If convicted of planting, cultivating, growing, producing, harvesting, or storing of ***--**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

871 Policy (Continued)

***--D**
Programs and Benefits Not Affected

Any program participant convicted of planting, producing, growing, cultivating, harvesting, or storing a controlled substance will remain eligible for payments and 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...
any of the following: • spouse • minor child • other relative • partner in a general partnership • tenant • sharecropper • landlord • other producer on the farm	• a separate and distinct interest in the land or crop involved • exercised separate responsibility for their interest • been responsible for the cost of farming from a fund or account separate from any other individual or entity currently ineligible for program participation	• determined ineligible for FSA program participation in the current year because of a controlled substance violation • otherwise determined ineligible to receive FSA program benefits for the current year	• participate in FSA programs • receive benefits from programs administered by FSA.

883 Corporations, Trusts, and Limited Partnerships

A
Eligibility

--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
- make arrangements with law enforcement agencies to be notified of all cases involving prohibited plants
- document information received from courts or other law enforcement officers.

895-904 (Reserved)

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: • an initial notification letter • first demand letter for overdue payments.
3	Establish a claim according to 58-FI, Part 5.
4	Coordinate all later collection efforts through the State Office.

906 Reporting Violations

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.

B
State Office Reporting

State Offices shall:

- notify RIG immediately of all cases arising under this part
- refer all alleged violations to the Regional Attorney for proper determination

  Notes: Refer to the applicable Federal or State law.

  Use the following terms concerning a controlled substance:

  - convicted
  - planting
  - cultivating
  - growing
  - producing
  - harvesting
  - storing
  - *****--trafficking
  - possession.--*****

- 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 (Reserved)

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 CMA, 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:

- State code 13
- county code 899.

919 Abbreviations and Acronyms

A Introduction

Abbreviations or 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.

B 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.

C 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.

920 Community Property States

A List of Community Property States

Community property States are:

- Arizona
- California
- Idaho
- Louisiana
- Nevada
- New Mexico
- Texas
- Washington
- Wisconsin.

921-930 (Reserved)

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.

Note: 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 Screen

Access State Name and Address Maintenance Screen MAC01001 according to the following table.

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.

Continued on the next page

C
Accessing County "Other" Name and Address File Maintenance Screen

Access County "Other" Name and Address File Maintenance Screen MAC01001 according to this table.

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.

```
COMMAND                          MAC000                          BT
Facility Selection Menu
-------------------------------------------------------------------------------------------------------------------

                    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 number or command
```

Continued on the next page

E
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.

Continued on the next page

931 General Information (Continued)

G Example of Screen MACS0301

Following is an example of Screen MACS0301.

```
Common Provisions     XXX-XXXXXX     Selection                        MACS0301
Facility Name and Address              Version: AC97  09/09/1999 10:55 Term #1
-------------------------------------------------------------------------------

                                          Facility
  Facility Name                Id Number   Id Type   Code   Deleted
1  SCHWABB                    11-1111111      E       45
2  SCALE CO.                  22-2222222      E       49
3  SECURITY NATIONAL BANK     3333-33333      F       40
4  SMALLETON OFFICE SUPPLY    44-4444444      E       99
5  SAMSONE CORPORATION        55-5555555      E       99




Select number for desired Facility         Cmd4-Previous Screen, Roll-Page
```

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

Access Screen MAC01302 by entering the following data on Screen MAC00101:

- 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 Facility Name	Enter the 9-digit ID number **or** the facility name. **Note:** If using producer ID number, enter the ID type code. A help screen is available for ID type codes.

Continued on the next page

B
Accessing Screen MAC01302 (Continued)

Field	Entry
Id Type	Enter 1 of the following ID types: • "T" for a temporary number • "E" for an employer number • "I" for an IRS assigned number • "F" for other numbers • "S" for Social Security number.
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.

C
Example of Screen MAC01302

Following is an example of Screen MAC01302.

```
Common Provisions     073-F RANSOM                    Add                        MAC01302
Facility Name and Address          Version: AE24  09/07/2001 15:57              Term G2
-----------------------------------------------------------------------------------------------
                                        Grain Warehouse
     Id Number 75-0294610                Id Type  E                          Facility Code  01

Facility Name   SHELDON FARMERS 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   25371                             Warehouse Status  1
State County Code  38073                                  License Code        F
Facility Location City  SHELDON
Facility Location State ND
Eligible for Designation Y                                Foreign Person      N

Cmd7-End                                                                   (U)pdate ..
```

Continued on the next page

D

Entries on Facility Name and Address Screen

This table describes the fields and flags for basic data entered into the facility name and address file. PRESS "Field Exit" to move from field to field.

Note: See Exhibit 104 for information on using authorized USPS abbreviations 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. **Example:** "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. **Notes:** Use this field only if the address includes a foreign country or APO. This field is bypassed if entry made in "State" field.	Enter up to 35 characters of the country, APO, and city of a facility located on a military base.

Continued on the next page

932 Adding Records (Continued)

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. "Y" indicates using direct deposit for payments to the facility. "N" indicates that the producer will be paid directly.	No entry in this field. The field is updated through accounting applications.
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 payment eligibility rules.	ENTER "Y" for facilities that are: • individuals that either are not U.S. citizens or do not possess a valid * * * I-551 • entities organized or chartered in a foreign country.

E Accessing Supplemental Data Screen

Access Supplemental Data Screen MAC01701 according to this table.

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.

933 Displaying Basic Data

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, ENTER “3” on Menu MAC000.

C Example of Screen MAC01102

Following is an example of Screen MAC01102.

```
24-Maryland                                  DISPLAY                          MAC01102
XXXX Name and Address-Maintenance          VERSION: AB28  12/09/1997 08:56 TERM G0
-------------------------------------------------------------------------------------------
                                                Cotton Gin
Id Number   999 99 9999 Id Type  S                Facility Code  03

Facility Name   SEVEN COTTON CO
Facility Name
Facility Name

Street   77 SEVENTH AVENUE                 Car-Rt
Street
City     PROVINCE                          State  MD

Zip Code     22222 0000                    Direct Deposit    Y
Telephone    777 777 7777                  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.

```
31-NEBRASKA                          DISPLAY                    MAC01701
XXXX Name and Address-Maintenance    VERSION: AB28  12/16/1997 10:15 TERM F1
-----------------------------------------------------------------------------
                              Supplemental Data

    Facility Code  03     Id Number   444 44 4444     Id Type  S



                          Assigned Payments      N
                          Receivables            N
                          Claims                 N
                          Other Agency Claims        N
                          Bankruptcy             N
                          Joint Payee            N



Cmd7-End, Cmd3-Previous
```

934 Changing Basic Data

A Purpose

Screen MAC01202 allows users to make changes to basic data previously entered in the facility name and address file.

Note: This option is not used to change ID number, ID type, or facility code.

B Accessing Screen MAC01202

To access Screen MAC01202, ENTER “2” on Menu MAC000.

C Example of Screen MAC01202

Following is an example of Screen MAC01202.

Note: See paragraph 932 for information on updating fields on this screen.

```
31-NEBRASKA                          CHANGE                          MAC01202
XXXX Name and Address-Maintenance    VERSION: AB28  12/16/1997 10:47 TERM F1
-------------------------------------------------------------------------------
                                Prod. Coop. - Soybeans
 Id Number  888 88 8888      Id Type  S                Facility Code  08

 Facility Name   SOYCO
 Facility Name
 Facility Name

 Street    987 LARK  AVE                  Car-Rt
 Street
 City      LAYTON                            State  MD
 City-Province-Foreign Country
 Zip Code     22211 0000                     Direct Deposit        Y
 Telephone    333 999 9999                   Receive Mail          Y


                                             Foreign Person        N

 Cmd7-End                                            Enter-Continue
```

Continued on the next page

D
Example of Screen MAC01701

Following is an example of Screen MAC01701.

```
31-NEBRASKA                          CHANGE                          MAC01701
XXXX State Name and Address-Maintenance VERSION: AB28  12/16/1997 10:54 TERM F1
-----------------------------------------------------------------------------------------------------------------------
                                        Supplemental Data

     Facility Code  08      Id Number   888 88 8888      Id Type  S



                            Assigned Payments        N
                            Receivables              N
                            Claims                   N
                            Other Agency Claims          N
                            Bankruptcy               N
                            Joint Payee              N



Cmd7-End, Cmd3-Previous                                                    (U)pdate
```

Continued on the next page

E
Accessing Screen MAX01701

After completing all fields on Screen MAX01202, Screen MAX01701 will be displayed.

F
Entries on Supplemental Data Screen

This table describes the fields and flags for supplemental data entered into the facility name and address file. PRESS "Field Exit" to move from field to field.

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.

935 Deleting Records

A Purpose

Screen MAC01401 allows users to delete a record from the facility name and address file.

B Accessing Screen MAC01401

To access Screen MAC01401, ENTER “4” on Menu MAC000.

C Example of Screen MAC01401

Following is an example of Screen MAC01401.

```
24-Maryland                                   DELETE                                MAC01401
XXXX State Name and Address-Maintenance  VERSION: AB28  12/09/1997 11:06 TERM G0
-------------------------------------------------------------------------------------------------------------
                                              Cotton Gin
 1) Id Number     999 99 9999      2) Id Type    S          3) Facility Code  03


Cmd7-End                                                                                    (D)elete
```

Continued on the next page

D
Steps for Deleting Records

On Screen MAC01401, ENTER “D” and PRESS “Enter” to delete the record. Screen MAC01401 will be redisplayed with the message, “Confirm to Delete -- (Y)es or (N)o”**.**

```
24-Maryland                                DELETE                          MAC01401
XXXX Name and Address-Maintenance     VERSION: AB28  12/09/1997 11:06 TERM G0
-------------------------------------------------------------------------------------------------------------
                                           Cotton Gin
 1) Id Number     999 99 9999      2) Id Type    S          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                          CHANGE                                MAC02001
XXXX Name and Address-Maintenance    VERSION: AB28  12/09/1997 12:03 TERM H0
-------------------------------------------------------------------------------------
                                     Cotton Gin
1) Id Number  999 99 9999            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.

937 Reactivating Deleted Records

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.

```
                    073-A RANSOM              Delete            MAC01601
Other Name and Address - Maintenance  VERSION:  AD73   07/07/99   10:53 TERM B4
-------------------------------------------------------------------------------------------------------
                                   Financial Institution
1)   Id Number 444444444              2)   Id Type  F              3) Facility Code  40



                                                        Confirm to Reactivate -- (Y)es or (N)o
Record is Deleted, do you wish to reactivate?
```

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 require customers to indicate that they are claiming to be SDA, limited resource, or beginning farmers or ranchers, to meet applicable eligibility requirements.

See Exhibit 2 for definitions of SDA, limited resource, and beginning farmer or rancher.

B Applicable Forms

Producers requesting eligibility consideration based on SDA, limited resource, or beginning farmer or rancher status shall provide their certification on either of the following:

- FSA-217, for 2008 Farm Bill programs
- CCC-860.

CCC-860 shall replace FSA-217 for existing programs and programs authorized under the Agricultural Act of 2014.

Notes: The 2012 SURE program shall continue to use FSA-217 for SDA, limited resource, and beginning farmer or rancher.

FSA-217 and CCC-860 are **not** applicable for FLP's.

C Maintenance

FSA-217 and CCC-860 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.

*--

This form is available electronically. *(See Page 2 for Definitions.)*

FSA-217 (10-03-11)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

SOCIALLY DISADVANTAGED, LIMITED RESOURCE AND BEGINNING FARMER OR RANCHER CERTIFICATION

(See Page 2 for Privacy Act and Paperwork Reduction Act Statements.)

1A. County FSA Office Name and Address *(Including Zip Code)*
Jefferson County FSA Office
209 East Third Avenue
Ranson, WV 25438

1B. Telephone No. *(Area Code)*: 304-725-3471

1C. Program Year: 2008

2. Applicant's Name and Address

Chris Hunt
PO Box 10
Harpers Ferry, WV 25425

INSTRUCTIONS:

Complete Parts A, B, C and/or Part D as applicable. Read the information relating to false certification below Part D. Return this form to the address in Item 1 above.

INFORMATION: ***If a legal entity requests to be considered a "socially disadvantaged", "limited resource", or "beginning" farmer or rancher, at least 50 percent of the persons in the entity must in their individual capacities meet the definition as provided on Page 2 of this form. Farmer or rancher includes; "owners", "operators" and "other producers".***

PART A – CERTIFICATION OF SOCIALLY DISADVANTAGED FARMER OR RANCHER (2003 Act – Includes Gender)

3. I certify that the following is true by checking the box below:

☐ I am a member (or if applicable, members) 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.

PART B – CERTIFICATION OF SOCIALLY DISADVANTAGED FARMER OR RANCHER (1990 Act – Excludes Gender)

4. I certify that the following is true by checking the box below:

☐ 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.

Note: *Food, Agriculture, Conservation and Trade Act of 1990 (includes racial, ethnic, but not gender).*

PART C – CERTIFICATION OF LIMITED RESOURCE FARMER OR RANCHER

5. I certify that the following statements are true by checking the appropriate boxes below:

☐ My/our gross direct and indirect farm sales were not more than $100,000 in both of the previous 2 years. Farm sales limit is subject to change to adjust for inflation using price paid by farmer index as compacted by National Agricultural Statistics Service (NASS).

AND:

☐ My/our total household income is 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. Income levels are determined annually using Commerce Department data.

Note: *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/.*

PART D – CERTIFICATION OF BEGINNING FARMER OR RANCHER

6. I certify that the following statements are true by checking the appropriate boxes below:

☒ a. I (or if applicable, the entity or joint operation) have not operated a farm or ranch for more than 10 years.

☒ b. I (or if applicable, the entity or joint operation) substantially participates in the operation.

☒ c. I (or if applicable, the entity or joint operation) began farming in April/2007 .
Date (Month/Year)

PENALTY FOR FALSE CERTIFICATION:
Evidence that may be required to validate certification may include tax records, accountant's certification, or other documentation that provides the information required. The penalty for false certification is loss of all benefits for the crop year in which the false certification was made.

7A. Applicant's Signature (By)	7B. Title/Relationship of the Individual Signing in the Representative Capacity	7C. Date *(MM-DD-YYYY)*
/s/ Chris Hunt		01-21-2010

--*

950 Certification Policy (Continued)

D Example of FSA-217 (Continued)

FSA-217 (10-03-11) Page 2

Definitions:

A. Socially Disadvantaged Farmer or Rancher (2003 Act-Includes Gender):

A socially disadvantaged farmer or rancher 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.

Note: *This definition, which includes gender as a prejudice, is applicable to only Direct and Counter-Cyclical Payment Program (DCP) or Average Crop Revenue Election Program (ACRE).*

B. Socially Disadvantaged Farmer or Rancher (1990 Act – Excludes Gender):

A socially disadvantaged farmer or rancher 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 Direct and Counter-Cyclical Payment Program (DCP) or Average Crop Revenue Election Program (ACRE).*

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 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/.*

D. Beginning Farmer or Rancher:

A beginning farmer or rancher 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 consecutive 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 "beginning" farmer or rancher, at least 50 percent of the persons in the entity must in their individual capacities meet the definition as 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 information identified on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for program benefits. 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.*

This information collection is exempted from the Paperwork Reduction Act as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F-Administration). 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 of 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, political beliefs, genetic information, 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, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, 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 Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

950 Certification Policy (Continued)

*--E Example of CCC-860

The following is an example of CCC-860.

This form is available electronically. *(See Page 2 for Definitions.)*

CCC-860
(04-02-14)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

SOCIALLY DISADVANTAGED, LIMITED RESOURCE AND BEGINNING FARMER OR RANCHER CERTIFICATION

1A. County FSA Office Name and Address *(Including Zip Code)*

1B. Telephone No. *(Area Code)*

1C. Program Year

2. Applicant's Name and Address

INSTRUCTIONS:

Complete Parts A, B and/or C as applicable. Read the information relating to false certification below Part D. Return this form to the address in Item 1 above.

INFORMATION: *If a legal entity requests to be considered a "socially disadvantaged", "limited resource", or "beginning" farmer or rancher, the entity must meet the definition as provided on Page 2 of this form. Farmer or rancher includes; "owners", "operators" and "other producers".*

PART A – CERTIFICATION OF SOCIALLY DISADVANTAGED FARMER OR RANCHER

3. I certify that the following is true by checking the box below:

☐ I am a member (or if applicable, members) 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.

PART B – CERTIFICATION OF LIMITED RESOURCE FARMER OR RANCHER

4. I certify that the following statements are true by checking the appropriate boxes below:

☐ My/our direct or indirect gross farm sales do not exceed the amount in Table 1 on page 2 of this form in each of the 2 calendar years that precede the complete taxable year before the relevant program year, adjusted upwards in later years for any general inflation.

AND:

☐ My/our total household income was at or below the national poverty level for a family of four in each of the same 2 previous years referenced in paragraph (1) of this definition.

Note: *A limited resource farmer or rancher status can be determined by using a web site available through the Limited Resource Farmer and Rancher Online Self-Determination Tool through National Resource and Conservation Service at http://www.lrftool.sc.egov.usda.gov/.*

PART C – CERTIFICATION OF BEGINNING FARMER OR RANCHER

5. I certify that the following statements are true by checking the appropriate boxes below:

☐ A. I (or if applicable, the entity or joint operation) have not operated a farm or ranch for more than 10 years.

☐ B. I (or if applicable, the entity or joint operation) substantially participate in the operation.

☐ C. I (or if applicable, the entity or joint operation) began farming in _____ .
Date (Month/Year)

PENALTY FOR FALSE CERTIFICATION:

The penalty for false certification is loss of all benefits for the crop year in which the false certification was made.

6A. Applicant's Signature (By)	6B. Title/Relationship of the Individual Signing in the Representative Capacity	6C. Date *(MM-DD-YYYY)*

NOTE: *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 the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.) and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to certify that an individual, legal entity, or joint operation is a member of a socially disadvantaged group, qualifies as limited resource CCC producer, or qualifies as a beginning farmer or rancher. 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for socially disadvantaged, limited resource, or beginning farmer or rancher program benefits.*

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). 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.***

--*

950 Certification Policy (Continued)

*--E Example of CCC-860 (Continued)

CCC-860 (04-02-14) Page 2

Definitions:

A. Socially Disadvantaged Farmer or Rancher:

A socially disadvantaged farmer or rancher 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 women.

For legal entities requesting to be considered Socially Disadvantaged, the majority interest must be held by socially disadvantaged individuals.

B. 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:

- A producer whose direct or indirect gross farm sales do not exceed the amount in Table 1 below in each of the 2 calendar years that precede the complete taxable year before the relevant program year, adjusted upwards in later years for any general inflation, and

Table 1: Direct and Indirect Gross Sales

Program Year	Corresponding Years	Amount
2012	2009 and 2010	$163,200
2013	2010 and 2011	$172,800
2014	2011 and 2012	$176,800
2015 and subsequent years		See http://www.lrftool.sc.egov.usda.gov 1/

1/ See tool for annual increase due to general inflation rate

- A producer whose total household income was at or below the national poverty level for a family of four in each of the same 2 previous years reference in paragraph (1) of this definition.

A limited resource farmer or rancher status can be determined using the web site available through the Limited Resource Farmer and Rancher Online Self-Determination Tool through National Resource and Conservation Service at *http://www.lrftool.sc.egov.usda.gov/.*

For legal entities requesting to be considered Limited Resource Farmer or Rancher, the sum of gross sales and household income must be considered for all members.

Note: This definition is not applicable to FLP.

C. Beginning Farmer or Rancher:

A beginning farmer or rancher is an individual or entity for which both of the following are true;

- The farmer or rancher, entity or joint operation has not operated a farm or ranch for more than 10 years.
- The farmer or rancher materially and substantially participates in the operation.

For legal entities to be considered a Beginning Farmer or Rancher, all members are related by blood or marriage; and all the members are beginning farmers or ranchers.

Note: This definition is not inclusive of all FLP requirements.

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, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at **http://www.ascr.usda.gov/complaint_filing_cust.html**, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at **program.intake@usda.gov**. USDA is an equal opportunity provider and employer.*

--*

951-975 (Reserved)

*--Part 34 Payments to Producers Identified as Deceased in FY 2011 and Subsequent Years

Section 1 Payments to Producers Identified as Deceased Report

976 Payments to Individuals Identified as Deceased Report (RPT-I-00-CM-11-1)

A Individuals Identified in the Payments to Individuals Identified as Deceased Report

The individuals identified as deceased in the Payments to Individuals Identified as Deceased Report (Exhibit 125):

- received, either directly or indirectly, a program payment during the applicable reporting period after the recorded date of death
- may or may not be eligible for the payment received or attributed.

Note: No program payments or benefits shall be issued, either directly or indirectly, to any individual listed on this report until the required reviews are completed and it is determined that **all** eligibility requirements have been met. **No** exceptions are authorized.**--***

*--977 Instructions for Required Reviews and Record Corrections

A Instructions for the Required Review

The following provides instructions for the **required** review of payment recipients and program payments associated with an individual identified as deceased on the Payments to Individuals Identified as Deceased Report (RPT-I-00-CM-11-1) (Exhibit 125).

IF review of the individual identified in the Payments to Individuals Identified as Deceased Report reveals that the producer is…	**AND the…**	**THEN…**
deceased, but: • all payment and program eligibility requirements were met • program payment was earned	**correct** TIN was entered in SCIMS	document that the: • producer was eligible according to applicable procedure, including handbook references • payment was proper in the "Explanation and Actions Completed" field on the report.
not deceased and: • all payment and program eligibility requirements were met • program payment was earned	**incorrect** TIN was entered in SCIMS	• obtain verification of the correct TIN • correct all records according to this handbook • revise or correct all program contracts and applications according to applicable program procedure.
	producer verifies that TIN entered in SCIMS was correct	• obtain verification of TIN as entered in SCIMS • document the payment as proper in the "Explanation and Actions Completed" field on the report • advise the producer to contact SSA about the possible record error.

--*

*--977 Instructions for Required Reviews and Record Corrections (Continued)

A Instructions for the Required Review (Continued)

IF review of the individual identified in the Payments to Individuals Identified as Deceased Report reveals that the producer is…	AND the…	THEN…
deceased and: • payment and program eligibility requirements were **not** met • the program payment was **not** earned	correct TIN was entered in SCIMS	• document that the payment was improper in the "Explanation and Actions Completed" field on the report • create the overpayment according to program rules **Note:** See subparagraph B for correcting records. • provide written notice of adverse determination with appeal rights • COC **must** determine whether scheme or device was present.

--*

*--977 Instructions for Required Reviews and Record Corrections (Continued)

B Instructions for Correcting Records

Correct records according to the following.

IF overpayments were…	THEN…
not created for current and/or prior years	County Offices **must** do the following: • notate on the Payments to Individuals Identified as Deceased Report, under "Explanation and Actions Completed" field as no overpayment • obtain verification of the correct TIN • correct TIN in SCIMS, according to this handbook and on producer records **Note:** All payments shall be issued to the correct TIN. • send a memorandum to FMD, FSC according to 62-FI, subparagraph 76 B, requesting TIN be corrected for payments issued under an incorrect number. **Note:** Include the incorrect and the correct TIN's. This will result in a corrected CCC-1099-G. However, financial inquiries will continue to display the incorrect TIN.

--*

*--977 Instructions for Required Reviews and Record Corrections (Continued)

B Instructions for Correcting Records (Continued)

IF overpayments were…	THEN…
created for current and/or prior years	CCC-1099-G does **not** provide producer refund information; therefore, the action that was taken by County Office will result in CCC-1099-G being incorrect for the applicable year. County Offices **must** send a: • letter informing the producer of the following: "Your taxpayer identification number has been corrected and the following applications/contracts and years were corrected: (List applicable applications/contracts and years). This resulted in an over/under payment(s) situation that has been resolved by this office. The attached Producer Transaction Statement(s) indicates the offset(s) that were used to resolve the over payment situation in current and prior years to an incorrect taxpayer identification number. You will be provided with a CCC-1099-G 'Statement for Recipient of Certain Government Payments' in January. The statement will indicate the corrections as income, but will not include the offsets made by this office. Retain the Producer Transaction Statement(s) for your records to report to IRS as an expense as this is your only notification of the offset." • memorandum to FMD, FSC according to 62-FI, subparagraph 76 B requesting TIN be corrected for payments issued under an incorrect TIN. **Note:** Include the incorrect and the correct TIN's. This will result in a corrected CCC-1099-G. However, financial inquiries will continue to display the incorrect TIN.

--*

*--978 Review Results and Followup Actions

A Required Determinations

For all payment recipients identified in the Payments to Individuals Identified as Deceased Report (RPT-I-00-CM-11-1) (Exhibit 125), determinations are **required** for:

- payment eligibility according to 1-PL, Parts 2 and 6.5 and 4-PL, Parts 2 and 6
- program eligibility for each program under which payments were received according to 1-PL, paragraphs 4 and 16
- verification and, if necessary, correction of the TIN recorded in SCIMS according to this handbook and other systems, such as the joint operations and entity files
- verification of direct deposit authorization according to 63-FI.

B Documentation

The review results and actions taken shall be:

- documented on the Payments to Individuals Identified as Deceased Report (RPT-1-00-CM-11-1)
- recorded in the COC minutes.

C DD Responsibilities

DD's will:

- provide technical assistance
- assist in completing Payments to Individuals Identified as Deceased Report reviews
- ensure that the appropriate actions are timely completed.

D State Office Responsibilities

The State Office specialist assigned responsibility will:

- establish a deadline for completing reviews
- assist with reviews and determinations questioned by DD
- retain the completed Payments to Individuals Identified as Deceased Report.**--***

979-1000 (Reserved)

*--Section 2 Payments to Producers Identified as Deceased in FY 2011 and Subsequent Years Web Database

1001 Reviewing the Payments to Producers Identified as Deceased Report (RPT-I-00-CM-11-1)

A Basic Information

The "Payments to Producers Identified as Deceased" Web database is designed to assist State and County Offices in conducting reviews and recording the results of the reviews of the Payments to Producers Identified as Deceased Report (RPT-I-00-CM-11-1) (Exhibit 125).

B Quarterly Report Requirement

The National Office acquires a list of payments made to producers identified as deceased who were direct and/or indirect payment recipients in FY 2011 and subsequent years. This report **must** be reviewed by County Offices on a quarterly basis. The State Office is responsible for overseeing the County Office reviews.

Note: Quarterly reports are due 1 month after the reports are posted. A notice will be sent to State and County Offices when the reports have been posted.

C Accessing the Payments to Producers Identified as Deceased Web Database

To access the Payments to Producers Identified as Deceased Report Web database, from the FSA Applications Intranet web site at **http://fsaintranet.sc.egov.usda.gov/fsa/FSAIntranet_applications.html**, under "Common Applications", CLICK "**Payments to Producers Identified as Deceased**".

Note: Internet Explorer shall be used when accessing the database.--*

1001 Reviewing the Payments to Producers Identified as Deceased Report (RPT-I-00-CM-11-1) (Continued)

D Choosing County or State

After users click the "Payments to Producers Identified as Deceased" link on the FSA Applications Home Page, the Payments to Producers Identified as Deceased – Portal Screen will be displayed.

The following is an example of the Payments to Producers Identified as Deceased – Portal Screen.

*--

--*

E Action

To enter the Payments to Producers Identified as Deceased Web database:

- County Office version, County Office users shall CLICK "**County Office Review**"
- State Office version, the State Office users shall CLICK "**State Office Review**".

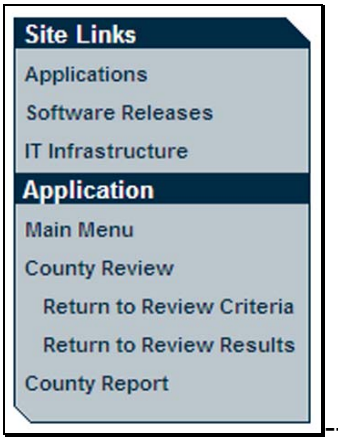
1002 County Reviews

A Database Navigation

A left navigation menu is available for users to move around the database. The options may change depending on which screen is being displayed in the database. Users may click the following under "Application" in the left navigation:

- *--"Main Menu" to return to the Payments to Producers Identified as Deceased - Portal Screen--*
- "County Review", to navigate to the Select a State or County to Review Screen
- "Return to Review Criteria", to navigate to the Select A State or County To Review Screen
- "Return to Review Results", to navigate to the Search Results Screen
- *--"County Report", to navigate to the Select Report Criteria Screen to generate an excel version of the report.

The following is an example of the left navigation options.



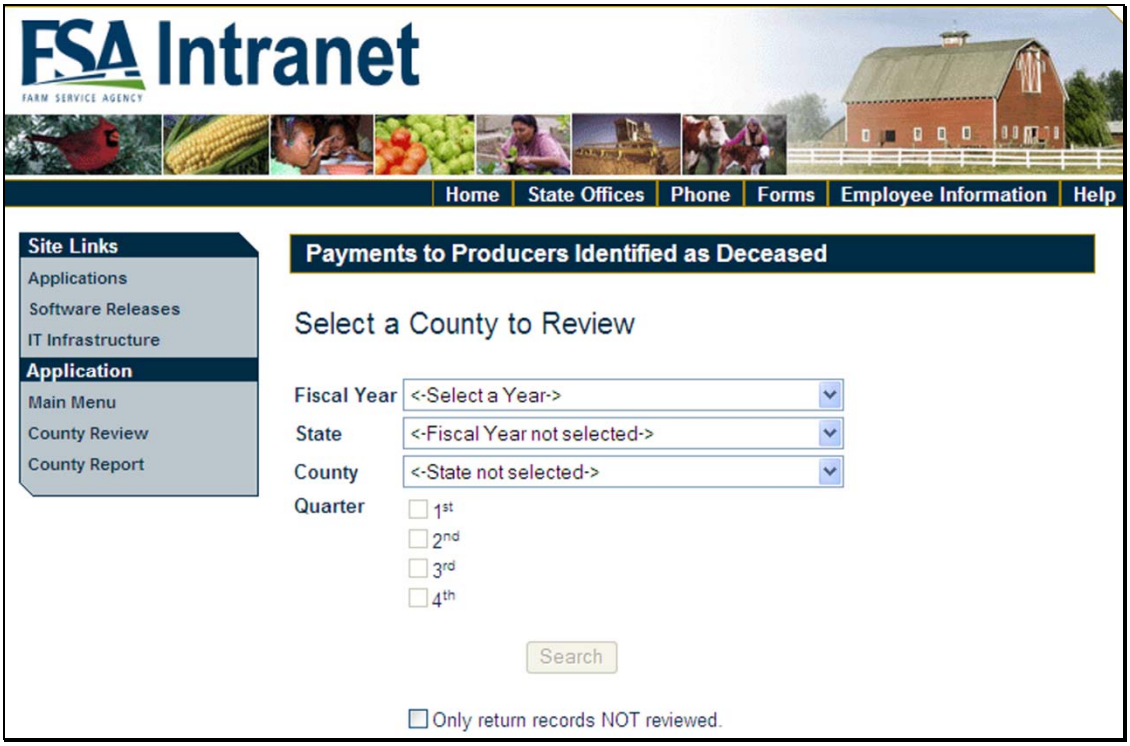
--*

1002 County Reviews (Continued)

B Select a County to Review Screen

After users select "County Office Review" on the Payments to Producers Identified as Deceased - Portal Screen, the Select a County to Review Screen will be displayed.

The following is an example of the Select a County to Review Screen.



C Action

To perform a County Office review of Payments to Producers Identified as Deceased, select:

- FY
- State
- county
- quarter; multiple quarters may be selected.

CLICK "**Search**".

Notes: If users CHECK (✓) "Only return records NOT reviewed.", a list of payments to producers identified as deceased that have **not** yet been reviewed by the County Office will be displayed.

--**If the State or county name is not available in the drop-down list, no payments to deceased producers have been identified for the applicable quarter.**--

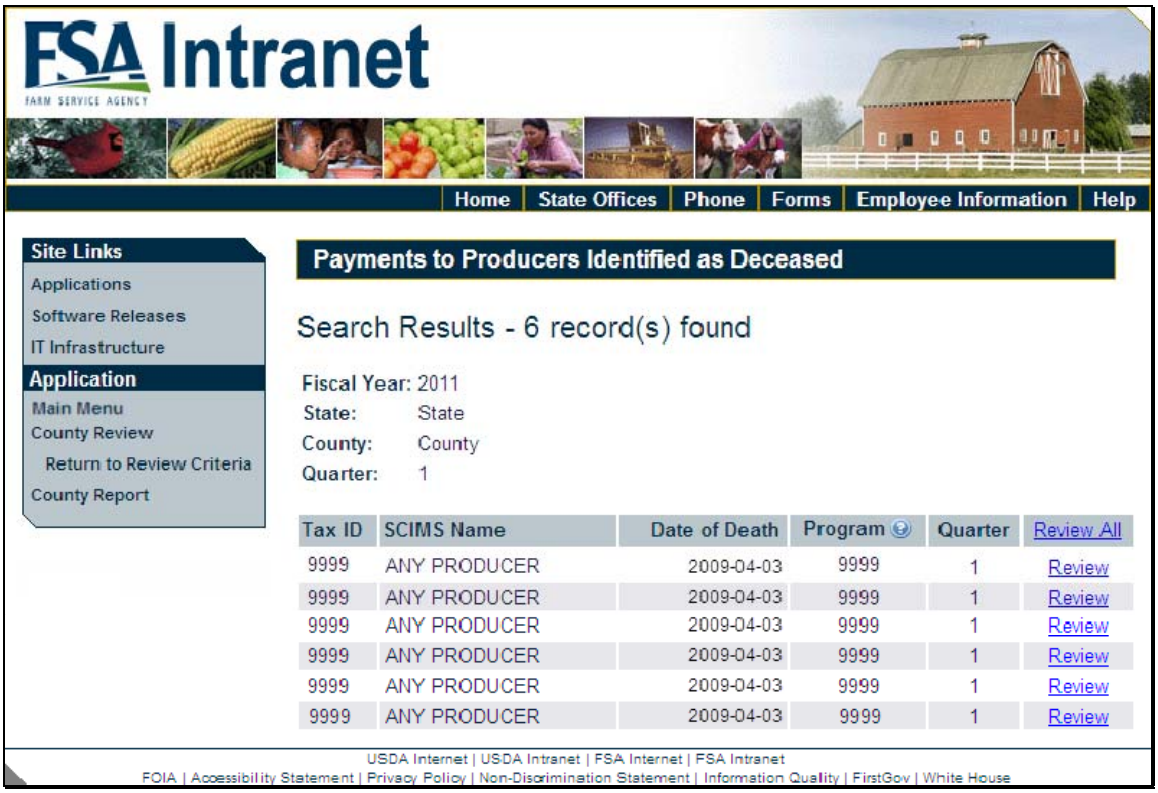
1003 Search Results

A Overview

After users have selected a FY, State, county, and quarter to review, and have clicked "Search", the Search Results Screen will be displayed.

B Example of the Search Results Screen

*--



Note: For a list of program codes and their names, CLICK " " next to "Program".--*

C Action

If users click:

- "Review All", they can advance through each record as reviewed
- "Review", they can review 1 record.

1004 Death Master File (DMF) County Record Reviews

A Overview

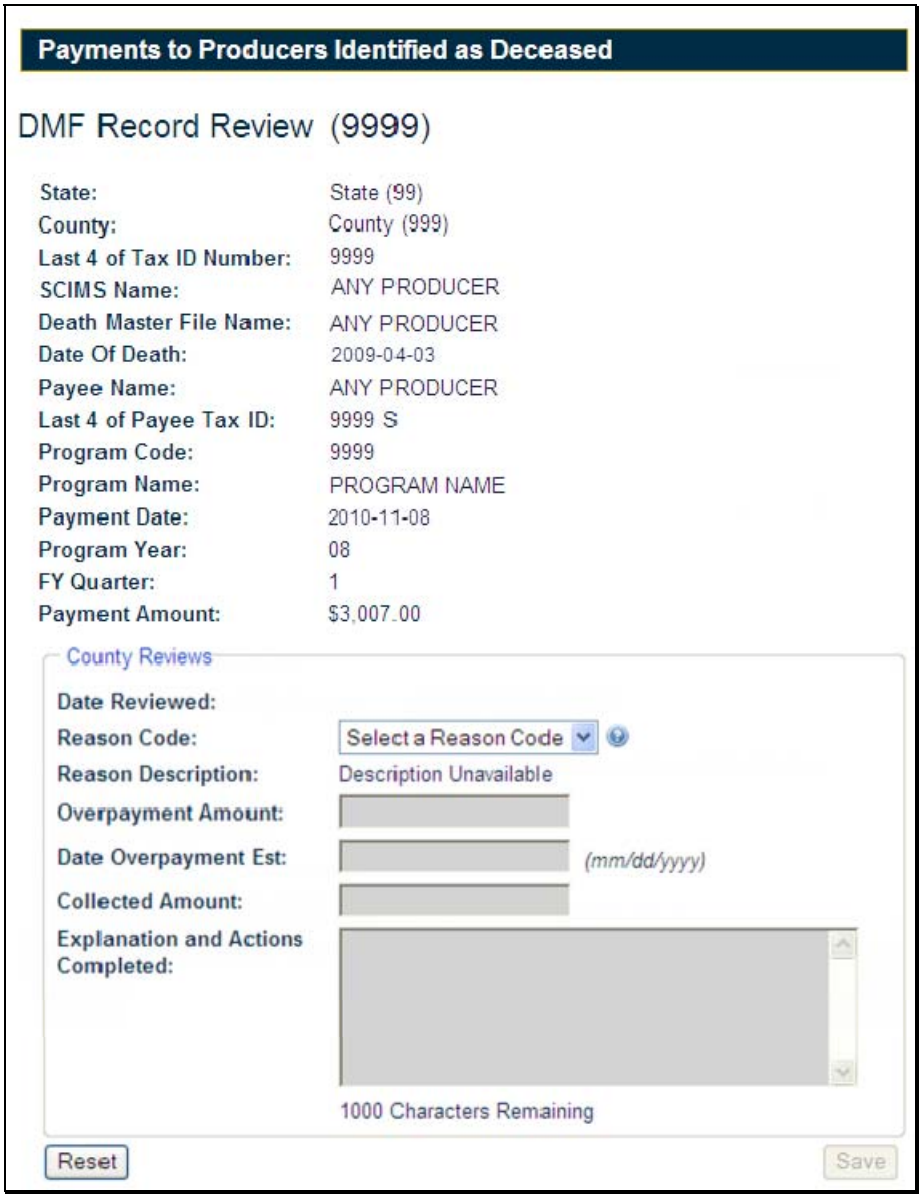
After users have selected a record to review by clicking “Review” or “Review All”, the DMF Record Review Screen will be displayed.

B DMF Record Review Screen

The following is an example of the DMF Record Review Screen.

Note: The number in parenthesis, (9999) in the example, is a unique number assigned to each record.

*--



--*

1004 Death Master File (DMF) County Record Reviews (Continued)

C Action

Users shall review the information in the upper portion and enter the review information in the "County Reviews" section. Users shall select the reason code according to paragraph 1005. Enter additional information, if applicable. Additional information includes any of the following:

- overpayment amount
- date overpayment established
- collected amount
- explanation or actions completed.

Notes: "**Explanation and Actions Completed**" include, but are **not** limited to:

- handbook procedure that was reviewed
- legal documents authenticating producer's TIN
- other records that may have been reviewed
- date receivable established.

Explanation and Actions Completed are:

- **required** for Reason Codes "28" and "38"
- ***--limited to 1000 characters.--***

After users have entered the applicable information, CLICK "**Save**".

1005 Reason Codes and Identifiers

A Reason Codes to Identify Erroneous Payments

The following is a list of codes to describe the reasons for erroneous payments issued to individuals identified as deceased.

Code	Condition or Situation
20	***--**Erroneous; TIN error or misidentification of actual program participant.**--*** **Example:** TIN on a payment document was that of a deceased individual, but the actual program participant and payment recipient was found **not** to be deceased. This includes situations in which the surviving spouse was using the deceased spouse's TIN to receive program payments and benefits.
22	***--**Erroneous; ineligible program participant.**--*** **Example:** Deceased individual did **not** meet the definition of a producer for program eligibility, or the deceased individual did **not** meet requirements to be considered "actively engaged in farming" for payment eligibility.
24	***--**Erroneous; invalid payment document, lack of signature authority, or invalid**--*** FSA-211. **Example:** Signature on a payment document was affixed by an individual that did **not** have signatory authority for the deceased individual; payment document was signed using FSA-211 that was no longer valid because of the death of the grantor.
26	***--**Erroneous; invalid multi-year payment document, incorrect participants.**--*** **Example:** A multi-year payment document was **not** updated following the death of participant to reflect the actual producer or property owner that now hold an interest in the property subject to the multi-year agreement or contract.
28	***--**Erroneous; ineligible for other reasons, detailed explanation required.**--*** **Example:** Participant knowingly provided incorrect TIN to receive program benefits; or COC determined scheme or device was adopted by participant to receive program payments **not** otherwise eligible to receive. Include the explanation on the same line in the "Explanation and Actions Completed" field.

1005 Reason Codes and Identifiers (Continued)

B Reason Codes to Identify Correct Payments

The following is a list of codes to describe the reasons for payments issued correctly to an individual identified as deceased.

Code	Condition or Situation
30	Eligible; payment earned by individual before death. **Example:** Counter-cyclical payment received by the individual identified as deceased in the year following the individual's date of death.
32	Eligible; TIN used to identify estate or trust. **Example:** Wife is co-grantor of a revocable trust carried under the husband's SSN. The trust is the landowner and the husband is identified as deceased. Surviving spouse has authority to sign for the trust.
34	Eligible; TIN corrected/verified. **Example:** The individual program participant was incorrectly identified by SSA as deceased because of an error by FSA, the producer, or SSA. Participant was **not** deceased and verification of participant's TIN was obtained.
36	Eligible; death of an individual not timely reported, but updated information supports the determinations of record. **Example:** FSA was **not** timely informed of the individual's death. Updated information provided on behalf of the entity or joint operation did **not** change any payment eligibility and payment limitation determinations of record for the entity or joint operation.
38	Eligible for other reasons; detailed explanation required. **Example:** Relief granted or determined eligible and corrections made on the review of previous reports. Include the explanation on the same line in the "Explanation and Actions Completed" field.

1006 County Reports

A Overview

After users have selected “County Report”, under “Application” in the left navigation, according to subparagraph 1002 A, the Select Report Criteria Screen will be displayed.

B Example of the Select Report Criteria Screen

The following is an example of the Select Report Criteria Screen.

*--

--*

C Action

To generate a county report, select the following:

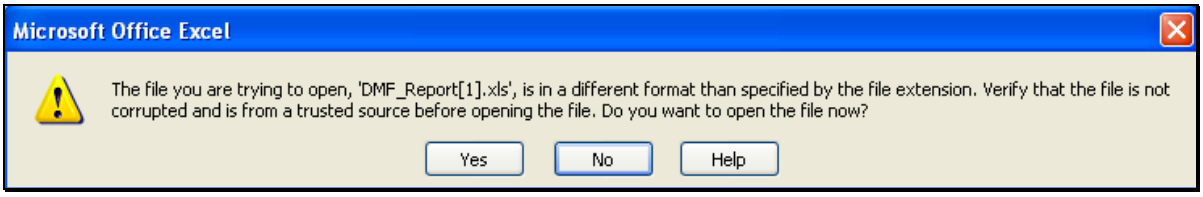
- FY
- State
- county
- quarter.

CLICK “**Generate Report**”.

*--1006 County Reports (Continued)

D Generating County Reports

After users click “Generate Report”, the message, “The file you are trying to open, ‘DMF_Report[1].xls’, is in a different format than specified by the file extension. Verify that the file is not corrupted and is from a trusted source before opening the file. Do you want to open the file now?”, may be displayed. CLICK “**Yes**”.



--*

***--1006 County Reports (Continued)**

E Information Arrangement in the Payments to Individuals Identified as Deceased Report (RPT-I-00-CM-11-1)

The information in the Payments to Individuals Identified as Deceased Report is arranged as follows.

Label	Description
State Code	State code of the administrative location for the individual identified as deceased.
State	State name of the administrative location for the individual identified as deceased.
County Code	County code of the administrative location for the individual identified as deceased.
County	County name of the administrative location for the individual identified as deceased.
Last 4 of Tax ID	Last 4 digits of TIN of the individual identified as deceased as recorded in SCIMS and DMF.
(SCIMS) Name	Name as recorded in SCIMS of the individual identified as deceased.
Death Master File Name	Name as recorded in DMF of the individual identified as deceased.
Date Of Death	Date of death as recorded in DMF of the individual identified as deceased.
Payee Name	Name of the individual or entity associated with the individual identified as deceased.
Last 4 of Payee Tax ID	Last 4 digits of TIN of the individual or entity associated with the individual identified as deceased.
Payee Tax Id Type	TIN type of the individual or entity associated with the individual identified as deceased.
Program Code	Program code under which a payment was issued.
Program Name	Program name which a payment was issued.
Payment Date	Date of payment issuance.
FY Quarter	FY quarter (1, 2, 3, or 4).
Program Year	Program year associated with the payment.
Payment Amount	Payment amount.

--*

1006 County Reports (Continued)

E Information Arrangement in the Payments to Individuals Identified as Deceased Report (RPT-I-00-CM-11-1) (Continued)

Label	Description
Date State Review	Date the State review was completed.
Date County Review	Date the county review was completed.
Reason Code	Numerical code that best describes the condition or situation according to paragraph 1005. This item shall be completed by the reviewer.
Overpayment Amount	Monetary amount the producer is overpaid. This item shall be completed by the reviewer, if applicable.
Date Overpayment Est.	Date the overpayment was established. This item shall be completed by the reviewer, if applicable.
Collected Amount	Monetary amount of the overpayment that has been collected. This item shall be completed by the reviewer, if applicable.
Explanation	Description of any and all actions completed by the reviewer. This ***--**item shall be completed by the reviewer. Not to exceed 1000 characters.**--***

Note: See Exhibit 125 for an example of the Payments to Individuals Identified as Deceased Report (RPT-I-00-CM-11-1).

1007 State Reviews

A Database Navigation

A left navigation menu is available for users to move around the database. The options may change depending on which screen is being displayed in the database. Users may click the following under “Application” in the left navigation:

- ***--**“Main Menu”, to return to the Payments to Producers Identified as Deceased - Portal Screen**--***
- “State Review”, to navigate to the Select A State or County To Review Screen
- “Return to Review Criteria”, to navigate to the Select A State or County To Review Screen
- “Return to Review Results”, to navigate to the Search Results Screen
- “State Review Progress”, to view an on screen report displaying the progress of the reviews
- ***--**“State Report”, to navigate to the Select Report Criteria Screen to generate an excel version of the report.

The following is an example of the left navigation options.

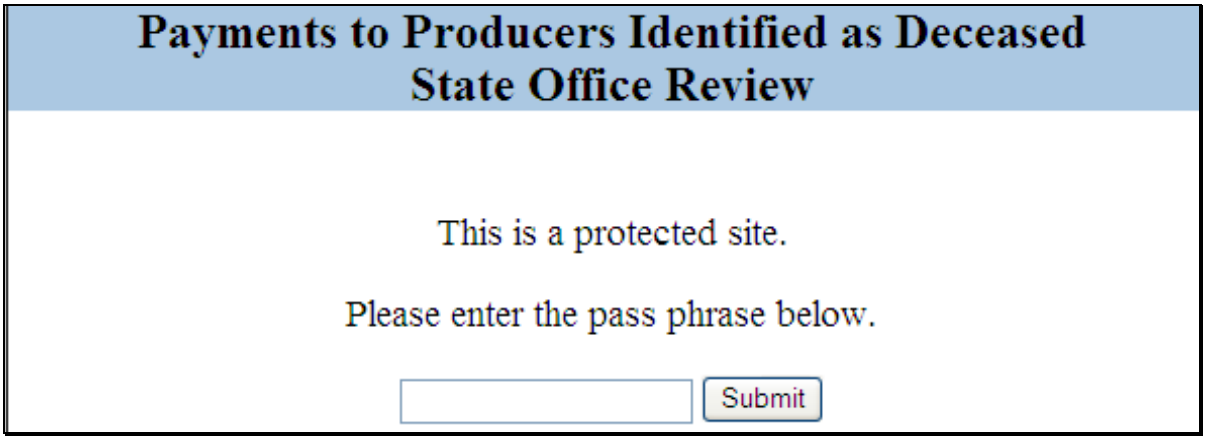
--*

***--1007 State Reviews (Continued)**

B State Office Login

After users select "State Office Review" from the Payments to Producers Identified as Deceased - Portal Screen, the following Payments to Producers Identified as Deceased State Office Review Login Screen will be displayed.

State Office users will enter the State Office pass phrase that was provided under a separate cover.



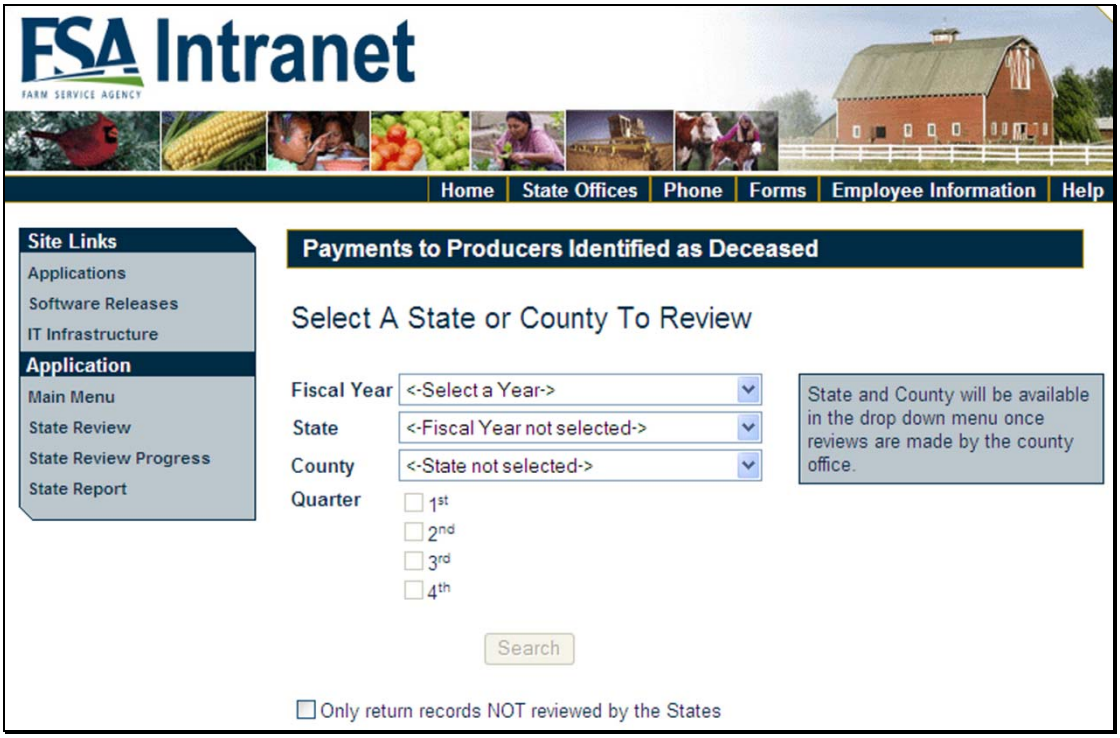
After State Office users login, the Select A State or County To Review Screen will be displayed.**--***

1007 State Reviews (Continued)

C Example of the Select A State or County To Review Screen

The following is an example of the Select A State or County To Review Screen.

*--



--*

D Action

To perform a State Office review of Payments to Producers Identified as Deceased, select:

- FY
- State
- county or all counties
- quarter; multiple quarters may be selected.

CLICK "**Search**".

Notes: If users CHECK (✓) "Only return records NOT reviewed by the States", a list of payments to producers identified as deceased that have **not** yet been reviewed by the State will be displayed.

If user's State is not listed in the drop-down menu that indicates that County Offices in user's State have not yet completed any reviews, see the message that will be displayed, "State and County will be available in the drop down menu once reviews are made by the county office".

1008 Search Results

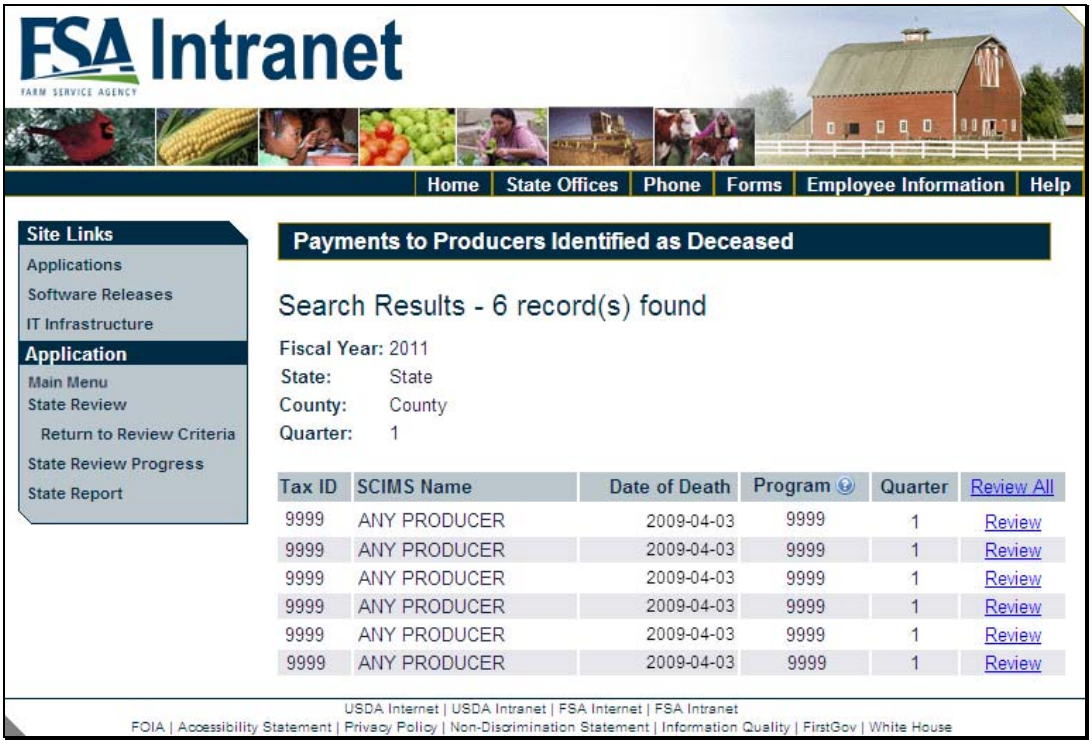
A Overview

After State Office users have selected a FY, State, county, and quarter to review and have clicked “Search”, the Search Results Screen will be displayed.

B Example of the Search Results Screen

The following is an example of the Search Results Screen.

*--



--*

C Action

If users click:

- “Review All”, they can advance through each record as reviewed
- “Review”, they can review 1 record.

1009 Death Master File (DMF) State Record Reviews

A Overview

After users have selected a record to review by clicking “Review” or “Review All”, the DMF Record Review Screen will be displayed.

B Example of the DMF Record Review Screen

The following is an example of the DMF Record Review Screen.

Note: The number in parenthesis, (9999) in the example, is a unique number assigned to each record.

*--

Payments to Producers Identified as Deceased

DMF Record Review (9999)

State:	State (99)
County:	County (999)
Last 4 of Tax ID Number:	9999
SCIMS Name:	ANY PRODUCER
Death Master File Name:	ANY PRODUCER
Date Of Death:	2009-04-03
Payee Name:	ANY PRODUCER
Last 4 of Payee Tax ID:	9999 S
Program Code:	9999
Program Name:	PROGRAM NAME
Payment Date:	2010-11-08
Program Year:	08
FY Quarter:	1
Payment Amount:	$3,007.00

State and County Reviews

Review Completed By County:	3/26/2012 8:31:00 AM
Reason Code:	30
Reason Description:	Eligible. Payment earned by individual before death.
Overpayment Amount:	
Date Overpayment Est:	
Collected Amount:	
Explanation/Actions Completed:	
Review Completed By State:	☐

Reset Save

--*

C Action

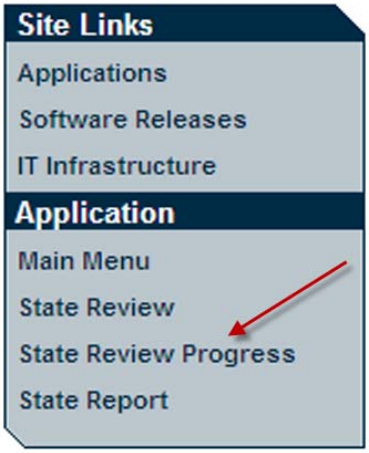
Users shall review the information in the upper portion and review the information in the “State and County Reviews” section. If the State Office reviewer is satisfied, CHECK (✓) “**Review Completed by State**” and CLICK “**Save**”.

If the State Office is **not** satisfied, they shall contact the County Office to correct or resolve the issue. After the issue has been resolved, the State Office shall review again.--*

1010 State Review Progress

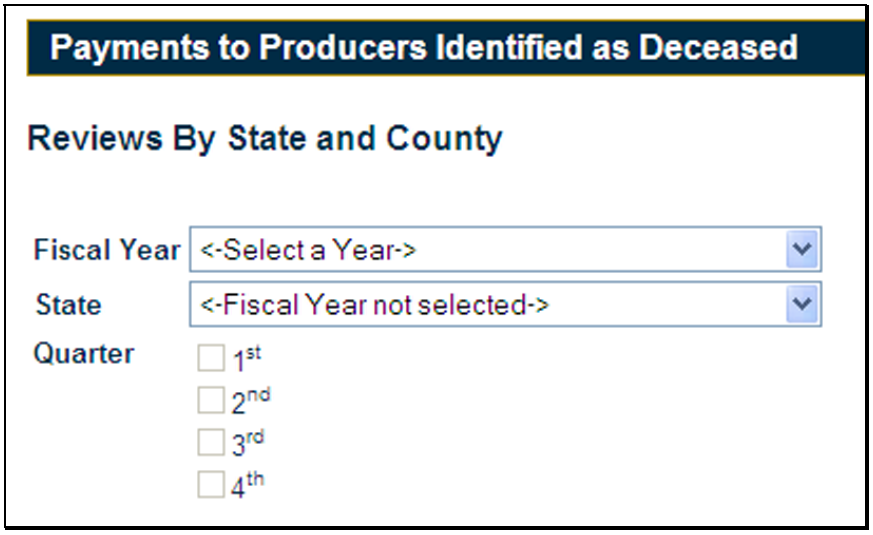
A Overview

After users have selected “State Review Progress”, under “Application” in the left navigation, the Reviews By State and County Screen will be displayed.
*--



B Example of the Reviews By State and County Screen

The following is an example of the Reviews By State and County Screen.



--*

C Action

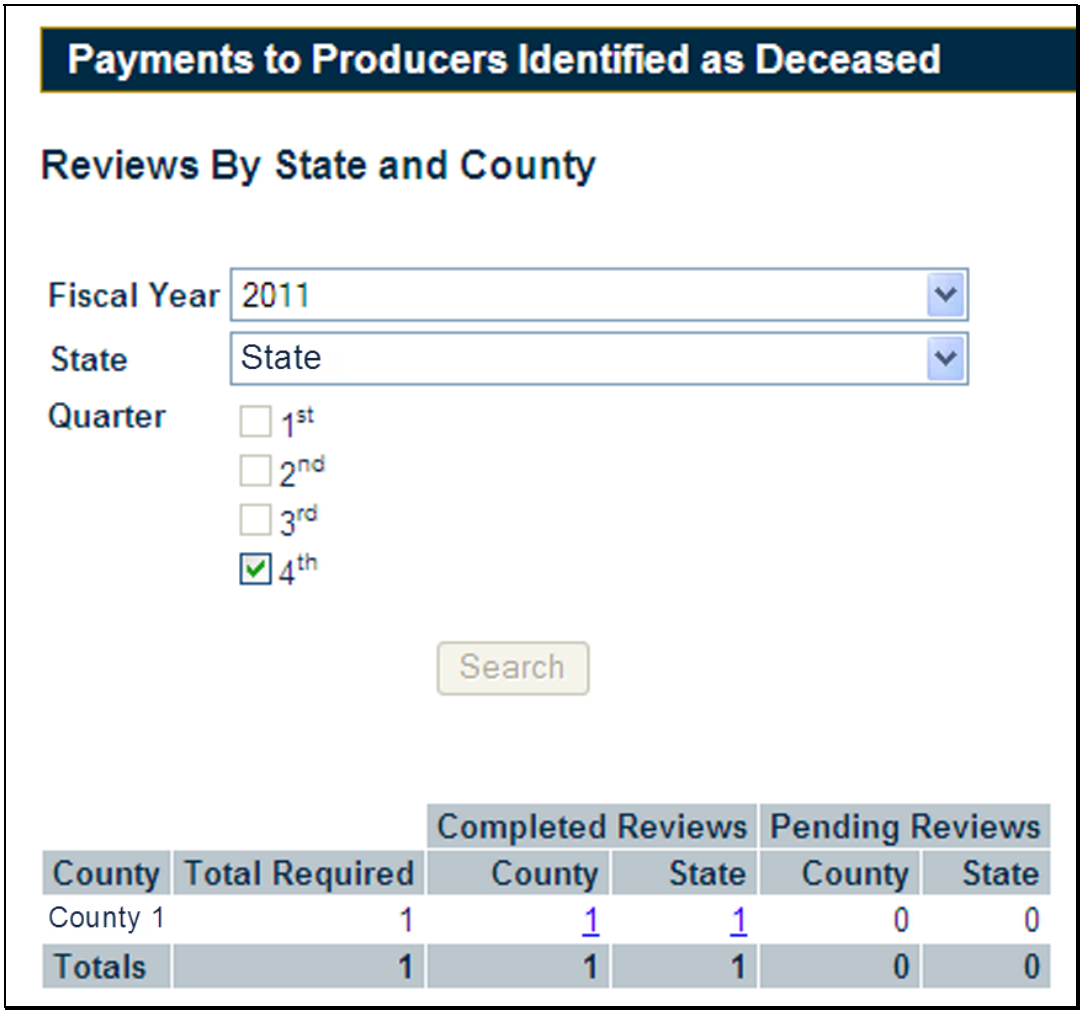
To generate the State Review Progress Report, select the following:

- FY
- State.

1010 State Review Progress (Continued)

D Example of the Reviews By State and County Screen

The following is an example of the Reviews By State and County Screen.
*--



		Completed Reviews		Pending Reviews	
County	Total Required	County	State	County	State
County 1	1	1	1	0	0
Totals	1	1	1	0	0

--*

E Information Provided on the Reviews By State and County Screen

The following is the information provided on the Reviews By State and County Screen.

Label	Description
County	County name.
Total Required	Number of reviews required in the county.
Completed Reviews – County	Number of reviews completed by the county.
Completed Reviews – State	Number of reviews completed by the State.
Pending Reviews – County	Number of reviews to be completed by the county.
Pending Reviews – State	Number of reviews to be completed by the State.

1011 State Reports

A Overview

After users have clicked “State Report”, under “Application” in the left navigation, the Select Report Criteria Screen will be displayed.

B Example of the Select Report Criteria Screen

The following is an example of the Select Report Criteria Screen.

*--

--*

C Action

To generate a State Report, select:

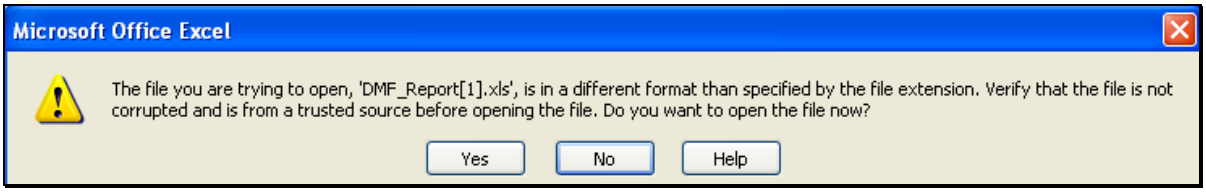
- FY
- State
- county or all counties
- quarter

CLICK “**Generate Report**”.

1011 State Reports (Continued)

D Generating State Reports

After users click “Generate Report”, the Microsoft Office Excel message, “The file you are trying to open, ‘DMF_Report[1].xls’, is in a different format than specified by the file extension. Verify that the file is not corrupted and is from a trusted source before opening the file. Do you want to open the file now?” may be displayed. CLICK “**Yes**”.



E Information Arrangement in the Payments to Individuals Identified as Deceased Report

The information in the Payments to Individuals Identified as Deceased Report is arranged as described in subparagraph 1006 E.

1012-1020 (Reserved)

*--Part 35 Using Unauthorized Forms and Documents

1021 Unauthorized Forms and Documents Policy

A Background

Using obsolete forms or State or County Office developed forms, worksheets, applications, and other documents is strictly prohibited. Only those issued and/or cleared by the National Office are authorized for use.

B Privacy Act and Information Collection Procedures

Any document that collects data from a producer, regardless of whether the producer's signature is required, is subject to the Privacy Act and information collection procedures, including clearance of these documents by the following offices:

- National Office program area
- MSD, Forms, Graphics, and Records Section
- OMB.

Note: See 3-AS.

C State or County Office Developed Forms

All forms, worksheets, and documents developed by State and County Offices that are used to obtain information **must** be submitted to the National Office for review and clearance **before** use.

Requests for using State or County Office developed forms:

- shall be FAXed to the Common Provisions Branch Chief, PECD, at 202-720-0051

  Note: For FLP-related forms, see paragraph 3 of the related FLP handbook for additional guidance on numbering State-developed forms and obtaining National Office approval.

- will be directed to the applicable approving authority.**--***

Reports, Forms, Abbreviations, and Redelegations of Authority

Reports

This table lists the required reports of this handbook.

Reports Control Number	Title	Reporting Period	Submission Date	Negative Reports	Reference
RPT-I-00-CM-11-1	Payments to Producers Identified as Deceased Report	Quarterly	30 calendar days after notification is received that the reports have been posted.	No	976-978, 1001, 1006, Ex. 125

Forms

This table lists all forms referenced in this handbook.

Number	Title	Display Reference	Reference
AD-1026	Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification		750, 753
AD-2017	Service Center Information Management System (SCIMS) Access Form	Ex. 11.4	141, Ex. 2
AD-2047	Customer Data Worksheet Request for SCIMS Record Change (For Internal Use Only)	198	177, 178, 198, 199
CCC-10	Representations for Commodity Credit Corporation or Farm Service Agency Loans and Authorization to File a Financing Statement and Related Documents		177
CCC-36	Assignment of Payment		211, 934
CCC-37	Joint Payment Authorization		211, 934
CCC-64	Surety Bond (Minor)	677	
CCC-184 1/	CCC Check		679
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 Certification		72, 753, Ex. 51
CCC-605	Designation of Agent - Cotton		728, 731, Ex. 51
CCC-860	Socially Disadvantaged, Limited Resource, and Beginning Farmer or Rancher Certification	950	Ex. 2
CCC-901	Members Information 2009 and Subsequent Years		707-711, 713, Ex. 51

1/ CCC-184 is obsolete.

Reports, Forms, Abbreviations, and Redelegations of Authority

Forms (Continued)

Number	Title	Display Reference	Reference
CCC-902E	Farm Operating Plan for an Entity 2009 and Subsequent Program Years		707-711, 713, Ex. 51
CCC-931	Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information		779
CCC-1099-G	Report of Payments to Producers		276
CRP-1	Conservation Reserve Program Contract		211
FFAS-12	Electronic Funds Transfer (EFT) Hardship Waiver Request		728
FSA-155	Request for Farm Reconstitution		Ex. 51
FSA-156-EZ	Abbreviated 156 Farm Record and Tract Listing		177, 178
FSA-179	Transfer of Farm Records Between Counties		Ex. 51
FSA-211	Power of Attorney	Ex. 60	178, Part 25, 1005, Ex. 2, 51
FSA-211-1 2/	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 Deceased	779	
FSA-476DCP	Notice of Acreage Bases, Payment Yields, and CRP Reduction		177, 178
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-551	Alien Registration Receipt Card		177, 178, 932, Ex. 2
IRS 1099-MISC	Miscellaneous Income		122
SF-256	Self-Identification of Disability	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

2/ FSA-211-1 is obsolete.

Reports, Forms, Abbreviations, and Redelegations of Authority (Continued)

Abbreviations Not Listed in Exhibit 102

The following abbreviations are not listed in Exhibit 102.

Approved Abbreviation	Term	Reference
AC	area conservationists	141, 177
APO	Army Post Office	179, 932
BP	Business Partner	198, EX. 11.5
CY	current year	208, 212
DBA	doing business as	177
DMF	Death Master File	Part 34, Ex. 125
e-FC	electronic funds control	20
EIN	employer ID number	121, 122, 178.5, 178.6, 178.7, 178.8, Ex. 10, 11
FRS	Farm Records Management System	752
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
OT	other producer	197
PYBC	Prior Year Business Code	141, Ex. 11.4
RR	rural route	179, 208
SMR	SCIMS merge role	141, Ex. 11.4

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 filing FSA-211 for an agent to perform for the trust or estate.	730

Definitions of Terms Used in This Handbook

Administrator

An administrator is an individual appointed by the court to administer the assets and liabilities of the deceased.

Agent

An agent 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 affidavit 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

Authorized user 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.

Beginning Farmer or Rancher

***--**Beginning farmer or rancher means a person or legal entity for which both of the following are true for the farmer or rancher:

- has not actively operated and managed a farm or ranch for more than 10 years
- materially and substantially participates in the operation.

For legal entities to be considered a beginning farmer or rancher, all members must be related by blood or marriage, and all members must be beginning farmers or ranchers.**--***

Conservator

A conservator 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 county 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

Customer core data 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 executor is an individual named in the deceased's will to administer assets and liabilities of the estate.

Facsimile Signature

A facsimile signature is an approved copy or reproduction of an original signature, such as a rubber stamp.

FAXed Signature

A FAXed signature is a signature received on forms and documents through telefacsimile transmission through a FAX machine.

Foreign Entity

A foreign entity 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 * * *).

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

***--**Limited resource farmer or rancher means a farmer or rancher is **both** of the following:

- a producer whose direct or indirect gross farm sales do not exceed the amount in the following table in each of the 2 calendar years that precede the complete tax year before the relevant program year adjusted upwards in later years for any general inflation

- a producer whose total household income was at or below the national poverty level for a family of 4 in each of the same 2 calendar years that precede the complete tax year before the relevant program year adjusted upwards in later years for any general inflation.

Direct and Indirect Gross Sales		
Program	**Corresponding Years**	**Amount**
2012	2009 and 2010	$163,200
2013	2010 and 2011	$172,800
2014	2011 and 2012	$176,800
2015 and subsequent years		See **http://www.lrftool.sc.egov.usda.gov/tool.aspx**.

Limited resource farmer or rancher status can be determined by using the tool at **http://www.lrftool.sc.egov.usda.gov/tool.aspx**.

Notes: If a legal entity requests to be considered a "limited resource" farmer or rancher, the sum of gross sales and household income **must** be considered for **all** members.

This definition is **not** inclusive of all FLP requirements.**--***

Linkage

Linkage 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 manager is an individual chosen or appointed to manage, direct, and administer the affairs of another individual corporation.

Power of Attorney

A power of attorney is either of the following:

- any legal form determined acceptable by the regional attorney
- FSA-211 (includes FSA-211A).

Resolution

A resolution 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 scanned signature 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 (SDA) Farmer or Rancher--

SDA farmer or rancher means 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, Hispanics, and women.**--***

*** * ***

Trustee

A trustee 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
	* * *	* * *
	DMF Record Review (9999) Screen	1004, 1009
	* * *	* * *
	FSA Applications	141
	* * *	* * *
	Payments to Producers Identified as Deceased - Portal Screen	1001
	Payments to Producers Identified as Deceased State Office Review Screen	1007
	* * *	* * *
	Reviews By State and County Screen	1010
	* * *	* * *
	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 Results Screen	1003, 1008
	Select a County to Review Screen	1002
	Select A State or County To Review Screen	1007
	Select Report Criteria Screen	1006, 1011

Menu and Screen Index (Continued)

Menu or Screen	Title	Principal Reference
	* * *	* * *
	USDA eAuthentication Login	141 * * *
	USDA eAuthentication No Access Screen	141
	USDA eAuthentication Warning Screen	141 * * *
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
MAB100	Name/Address Report Menu	291
* * *	* * *	* * *
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
* * *	* * *	* * *
MACS0301	Facility Name and Address Screen	931

IRS Information About EIN's

Following is additional information from IRS about employer ID numbers.
***--**

IRS.gov

Do You Need a New EIN?

Generally, businesses need a new EIN when their ownership or structure has changed. Although changing the name of your business does not require you to obtain a new EIN, you may wish to visit the Business Name Change page to find out what actions are required if you change the name of your business. The information below provides answers to frequently asked questions about changing your EIN.

Sole Proprietors

You **will be** required to obtain a new EIN if any of the following statements are true.

- You are subject to a bankruptcy proceeding.
- You incorporate.
- You take in partners and operate as a partnership.
- You purchase or inherit an existing business that you operate as a sole proprietorship.

You **will not** be required to obtain a new EIN if any of the following statements are true.

- You change the name of your business.
- You change your location and/or add other locations.
- You operate multiple businesses.

Corporations

You **will be** required to obtain a new EIN if any of the following statements are true.

- A corporation receives a new charter from the secretary of state.
- You are a subsidiary of a corporation using the parent's EIN or you become a subsidiary of a corporation.
- You change to a partnership or a sole proprietorship.
- A new corporation is created after a statutory merger.

You **will not** be required to obtain a new EIN if any of the following statements are true.

- You are a division of a corporation.
- The surviving corporation uses the existing EIN after a corporate merger.
- A corporation declares bankruptcy.
- The corporate name or location changes.
- A corporation chooses to be taxed as an S corporation.
- Reorganization of a corporation changes only the identity or place.
- Conversion at the state level with business structure remaining unchanged.

--*

IRS Information About EIN's (Continued)

*--

Partnerships

You **will be** required to obtain a new EIN if any of the following statements are true.

- 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 any of 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 a partnership under IRC section 708(b)(1)(B).
- 50 percent or more of the ownership of the partnership (measured by interests in capital and profits) changes hands within a twelve-month period (terminated partnerships under Reg. 301.6109-1).

Limited Liability Company (LLC)

An LLC is an entity created by state statute. The IRS did not create a new tax classification for the LLC when it was created by the states; instead IRS uses the tax entity classifications it has always had for business taxpayers: corporation, partnership, or disregarded as an entity separate from its owner, referred to as a "disregarded entity." An LLC is always classified by the IRS as one of these types of taxable entities. If a "disregarded entity" is owned by an individual, it is treated as a sole proprietor. If the "disregarded entity" is owned any any other entity, it is treated as a branch or division of its owner.

Changes affecting Single Member LLCs with Employees

For wages paid on or after January 1, 2009, single member/single owner LLCs that have not elected to be treated as corporations may be required to change the way they report and pay federal employment taxes and wage payments and certain federal excise taxes. On Aug. 16, 2007, changes to Treasury Regulation Section 301.7701-2 were issued. The new regulations state that the LLC, not its single owner, will be responsible for filing and paying all employment taxes on wages paid on or after January 1, 2009. These regulations also state that for certain excise taxes, the LLC, not its single owner, will be responsible for liabilities imposed and actions first required or permitted in periods beginning on or after January 1, 2008.

If a single member LLC has been filing and paying employment taxes under the name and EIN of the owner, and no EIN was previously assigned to the LLC, a new EIN will be required for wages paid on or after January 1, 2009. If a single member LLC has been filing and paying excise taxes under the name and EIN of the owner and no EIN was previously assigned to the LLC, a new EIN will be required for certain excise tax liabilities imposed and actions first required or permitted in periods beginning on or after January 1, 2008. The following examples may assist in determining if a new EIN is required:

- If the primary name on the account is John Doe, a new EIN will be required.
- If the primary name on the account is John Doe and the second name line is Doe Plumbing (which was organized as an LLC under state law), a new EIN is required.
- If the primary name on the account is Doe Plumbing LLC, a new EIN will not be required.

--*

IRS Information About EIN's (Continued)

*--

Limited Liability Company (LLC) (continued)

Changes affecting Single Member LLCs with Employees (continued)

You **will be** required to obtain a new EIN if any of the following statements are true.

- A new LLC with more than one owner (Multi-member LLC) is formed under state law.
- A new LLC with one owner (Single Member LLC) is formed under state law and chooses to be taxed as a corporation or an S corporation.
- A new LLC with one owner (Single Member LLC) is formed under state law, and has an excise tax filing requirement for tax periods beginning on or after January 1, 2008 or an employment tax filing requirement for wages paid on or after January 1, 2009.

You **will not be** required to obtain a new EIN if any of the following statements are true.

- You report income tax as a branch or division of a corporation or other entity, and the LLC has no employees or excise tax liability.
- An existing partnership converts to an LLC classified as a partnership.
- The LLC name or location changes.
- An LLC that already has an EIN chooses to be taxed as a corporation or as an S corporation.
- A new LLC with one owner (single member LLC) is formed under state law, does not choose to be taxed as a corporation or S corporation, and has no employees or excise tax liability. **NOTE:** *You may request an EIN for banking or state tax purposes, but an EIN is not required for federal tax purposes.*

Estates

You **will be** required to obtain a new EIN if any of the following statements are true.

- 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 any of 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 any of the following statements are true.

- 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 any of the following statements are true.

- The trustee changes.
- The grantor or beneficiary changes his/her name or address.

--*

IRS Information About EIN's (Continued)

*--

References/Related Topics

- Publication 334, Tax Guide for Small Business
- Publication 15, Circular E, Employers Tax Guide
- Publication 15-A, Employer's Supplemental Tax Guide (PDF)
- Publication 542, Corporations
- Publication 541, Partnerships
- Publication 950, Introduction to Estate and Gift Tax
- Publication 559, Survivors, Executors and Administrators
- Publication 1635, Understanding Your EIN (PDF)
- Employer ID Numbers (EINs)
- Employer Identification Numbers Video

--*

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 Business Type	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 or other entity. **Note:** 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 Company	To record a limited liability company/corporation.
Limited Partnership, Limited Liability Partnership, Limited Liability Limited Partnership	To record a limited partnership. A limited partnership must consist of at least 1 general partner and 1 or more limited partners. • The general partner shall be personally liable for all 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.
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.

Recording Business Types (Continued)

A Business Type Name (Continued)

SCIMS Business Type	Use
Federal Owned	To record a Federal Agency ID number, except for the Federally-assigned BIA number.
State and Local Government	To record a State-owned, city-owned, or county-owned entity, except for State-owned, city-owned, or county-owned public school lands that are exempt from payment limitation according to 1-PL.
Churches, Charities, and Non-Profit Organizations	To record fraternal or religious organizations, clubs, societies, and other associations according to 1-PL.
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: • exempt from payment limitation according to 1-PL • nonexempt from payment limitation according to 1-PL.
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: • may not be terminated by the grantor • may not be modified by the grantor • does not revert to the grantor after a specific time period.
Individuals Operating As a Small Business	To record an individual with an employer ID number. **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 the following.

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. **Note:** OIP codes are available at **http://intranet.fsa.usda.gov/fsa/**. Under "Forms, Publications, and Supplies", CLICK "State/County Name & Address List".
7	Enter a checkmark for the type of employee, as applicable. **Note:** 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 **FAXed** to FSA Security Operations at ***--877-828-2051**. AD-2017 shall also be used to submit requests for PYBC and SMR changes. PYBC and SMR change requests shall be FAXed to the Common Provisions Branch Chief**--*** at 202-720-0051. These requests shall **not** 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. **Note:** 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. **Note:** Requests for revocation of access to SCIMS shall be FAXed to FSA Security Operations at *****--877-828-2051.--*****

Completing AD-2017 (Continued)

B Example of AD-2017

The following is a completed example of AD-2017.
*--

This form is available electronically.

AD-2017 (02-04-13) **U.S. DEPARTMENT OF AGRICULTURE**

1. Request Date *(MM-DD-YYYY)*

SERVICE CENTER INFORMATION MANAGEMENT SYSTEM (SCIMS) ACCESS FORM

PART A - INSTRUCTIONS: State SCIMS Security Officers shall be responsible for requesting from FSA Security Operation access to SCIMS for their responsible employees. Please complete a separate form for each employee.

2. Employee Name *(Last, First, MI)*

3. Employee's eAuthentication User ID

4. State Name

5. County Name

6. Office Information Profile (OIP) Code

7. Type of Employee *(Check one below:)*
- ☐ Permanent Federal
- ☐ Permanent County Office
- ☐ Temporary Federal
- ☐ Temporary County Office
- ☐ Other *(Specify)*:_____

8. Agency *(Check one below:)*
- ☐ FSA
- ☐ NRCS
- ☐ RD
- ☐ Other *(Specify below)*:

_____

9. Type of Access Requested *(Check one below:)*
- ☐ Full Access *(Employee complete Items 11A and 11B)*
- ☐ View Only Access
- ☐ Prior Year Business Code *(PYBC)* Changes *(WDC Approval Required)*.
- ☐ SCIMS Merge Role (SMR) *(WDC Approval Required)*

PYBC and SMR requests shall be FAXed to the Common Provisions Branch Chief at 202-690-2130. These requests shall not be FAXed to FSA Security Operations.)

10. Requested Action
- ☐ Add
- ☐ Delete
- ☐ Modify

PART B - CERTIFICATIONS

11. Certification by Employee

By signing this form, I certify that I have received training by a USDA Employee who has authority to grant me use of the SCIMS database. I understand that proper use of the database and the consequences of accessing and making changes to customer's core data. I certify that I will use the database only for conducting USDA Government business as a necessary part of my position with the United States Department of Agriculture.

11A. Employee's Signature

11B. Date (MM-DD-YYYY)

12. Certification by SCIMS Security Officer

As State or County SCIMS Security Officer, I certify that the above employee has received sufficient training on the use of the SCIMS database. By signing this form, I have granted this USDA employee permission to access the SCIMS database to conduct official USDA business.

12A. SCIMS Security Officer's Signature

12B. Date (MM-DD-YYYY)

12C. State Security Liaison Representative's Concurrence

12D. Date (MM-DD-YYYY)

13. Remarks:

14A. Signature of Common Provisions Branch Chief *(Complete only if Item 9, PYBC or SMR is checked)*

14B. Common Provisions Branch Chief 's Concurrence ☐ Approved ☐ Disapproved

14C. Date (MM-DD-YYYY)

PART C - REVOCATION OF AUTHORITY

15. Revocation by SCIMS Security Officer

The authority for the above-named person was revoked on the day shown below:

15A. SCIMS Security Officer's Signature

15B. Date (MM-DD-YYYY)

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, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, 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, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, 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 Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

--*

***--BP Security Officers**

A BP National Security Officers

Agency	Name
FSA	Lisa Berry
NRCS	Leroy Hall
RD	Vacant

B BP State Security Officers

State Security Officers are listed on the Information Security Office, State Security Officers and Backups share point web site. The web site may be accessed at **https://sharepoint.apps.fsa.usda.net/iso/public/Lists/State%20SCIMS%20Security%20Officers%20%20FSA%20Backups/AllItems.aspx**.

Note: If the web site cannot be accessed by clicking the link, copy and paste the link into a web browser.**--***

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 AS/400 Field	SCIMS Equivalent Field	Conversion Comments	
		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. **Note:** 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. **Notes:** 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. **Notes:** 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 AS/400 Field	SCIMS Equivalent Field	Conversion Comments	
		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. **Notes:** 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” • “I” • “II” • “III” • “IV” • “V” • “MD” • “DDS” • “DVM”	the same.
		suffix field does not match 1 of the above	converted to blank. **Note:** 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” • “Miss” • “DR” • “REV”	the same.
		prefix field does not match 1 of the above	converted to blank. **Note:** The AS/400 field will be converted to blank.

Continued on the next page

Conversion Chart (Continued)

Current AS/400 Field	SCIMS Equivalent Field	Conversion Comments	
		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-Alien flag is equal to “Y” or the Resident-Alien 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

Conversion Chart (Continued)

Current AS/400 Field	SCIMS Equivalent Field	Conversion Comments	
		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. **Note:** 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. **Note:** The AS/400 field for Congressional District will not be displayed.
		customer is a multi-county producer and the Congressional District code does not match in all counties	converted to blank. **Note:** 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.

*--SF-256, Self-Identification of Disability

SELF-IDENTIFICATION OF DISABILITY
(see instructions and Privacy Act information on reverse)

Last Name, First Name, and MI	Date of Birth (mm/yy)	Social Security Number	ENTER CODE HERE——————>

Definition:
An Individual with a disability: A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701 et. seq.).

Purpose:
Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

Part I. Targeted/Severe Disabilities

Hearing
18 - Total deafness in both ears (with or without understandable speech)

Vision
21 - Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception)

Missing Extremities
30 - Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs)

Partial Paralysis
69 - Partial paralysis (because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts)

Complete Paralysis
79 - Because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands; one or both arms or legs; the lower half of the body; one side of the body, including one arm and one leg; and/or three or more major body parts

Other Impairments
82 - Epilepsy
90 - Severe intellectual disability
91 - Psychiatric disability
92 - Dwarfism

Part II. Other Disabilities

Hearing Conditions
15 - Hearing impairment/hard of hearing

Vision Conditions
22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye)

Physical Conditions
26 - Missing extremities (one hand or one foot)
40 - Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.)
41 - Spinal abnormalities (e.g., spina bifida, scoliosis)
44 - Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body
51 - HIV Positive/AIDS
52 - Morbid obesity
61 - Partial paralysis of one hand, arm, foot, leg, or any part thereof
70 - Complete paralysis of one hand
80 - Cardiovascular/heart disease with or without restriction or limitation on activity; a history of heart problems w/complete recovery
83 - Blood diseases (e.g., sickle cell anemia, hemophilia)
84 - Diabetes
86 - Pulmonary or respiratory conditions (e.g., tuberculosis, asthma, emphysema, etc.)
87 - Kidney dysfunction (e.g., required dialysis)
88 - Cancer (present or past history)
93 - Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial birthmarks
95 - Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia, etc.)
98 - History of alcoholism

Speech/Language/Learning Conditions
13 - Speech impairment - includes impairments of articulation (unclear language sounds), fluency (stuttering), voice (with normal hearing), dysphasia, or history of laryngectomy
94 - Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)

Other Options
01 - I do not wish to identify my disability status. (Please read the notes on the next page.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)
05 - I do not have a disability.
06 - I have a disability, but it is not listed on this form.

U.S. Office of Personnel Management | Page 1 of 2 | SF 256 Revised July 2010 Previous editions not usable

--*

*--SF-256, Self-Identification of Disability (Continued)

The Rehabilitation Act of 1973
The Rehabilitation Act, as amended (29 U.S.C. 701, et seq.), requires each agency in the executive branch of the Federal Government to establish programs that will facilitate the hiring, placement, and advancement of individuals with disabilities. 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 employees with disabilities who are hired, promoted, trained, or reassigned over a given time period; the percentage of employees with disabilities in the workforce and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the U.S. 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 individuals with disabilities and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The disability 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 to the strictest confidence and is known only to those 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 disability reporting system is entirely voluntary**, with the exception of employees appointed under Schedule A, SECTION 213.3102(u) (Severe physical or mental disabilities).** These employees will be requested to identify their disability status and if they decline to do so, their correct disability code will be obtained from medical documentation used to support their appointment.

Employees will be given every opportunity to ensure that the disability 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 records . The code carried on employees in the agency's system will be identical to that carried in OPM's system.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date disability report system is sincerely appreciated.

Privacy Act Statement
Collection of the requested information is authorized by the Rehabilitation Act, as amended (29 U.S.C. 701, et seq.). Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permits agencies to use the SSN as the means for identifying persons with disabilities in personnel information systems. Your SSN will only be used to ensure that your correct disability code is recorded along with other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other data requested 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 (u) (Severe physical or mental disabilities) are requested to furnish an accurate disability code, but failure to do so will not affect them. Where employees hired under one of these appointing authorities fail to disclose their disability(ies), however, the appropriate code will be determined from the employee's existing records or medical documentation physically submitted upon appointment.

U.S. Office of Personnel Management | Page 2 of 2 | SF 256 Revised July 2010 Previous editions not usable

--*

***--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
* * *	* * *

Signature Authority/Power of Attorney Questions and Answers

--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).

Signature Authority/Power of Attorney Questions and Answers (Continued)

--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.

Signature Authority/Power of Attorney Questions and Answers (Continued)

--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.

Signature Authority/Power of Attorney Questions and Answers (Continued)

***--B Signature Authority (Effective April 2, 2009)**

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.**--***

Signature Authority/Power of Attorney Questions and Answers (Continued)

***--B Signature Authority (Effective April 2, 2009)**

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.**--***

Signature Authority/Power of Attorney Questions and Answers (Continued)

***--B Signature Authority (Effective April 2, 2009)**

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.**--***

Signature Authority/Power of Attorney Questions and Answers (Continued)

***--B Signature Authority (Effective April 2, 2009)**

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.**--***

Signature Authority/Power of Attorney Questions and Answers (Continued)

***--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.

*--

Item Number/ Section	Instructions
1	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).
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: • **individual** is granting authority to act on their behalf, enter the name of the individual granting the power of attorney authority (Grantor) • **entity**, 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).
A	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 **not** listed, enter the specific FSA, NRCS or CCC programs in item A 13, "Other". **Note:** Grantor **must** select **both** applicable programs in this section **and** related transactions in Section B.
B	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 **not** 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". **Note:** Grantor **must** select **both** applicable transactions in this section **and** related programs in Section A.
C	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 **all** 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 **not** listed, enter the specific transactions in item D 7, "Other".

--*

FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet (Continued)

A Completing FSA-211 (Continued)

*--

Item Number/ Section	Instructions
6 A-B	If the grantor is an individual, the individual granting the authority **must** sign, and **enter effective date**, in items 6 A and B, respectively. If the grantor is an entity, such as a general partnership, trust, joint venture, or other similar entity, and there is no individual already authorized to act for the entity, **all** members of the entity **must** sign FSA-211. If the grantor is a corporation and the corporate documents do **not** provide for redelegation of authority, **all** officers of the corporation or members of the entity **must** sign FSA-211. If there are more than 2 member/officer signatures required: • check box in item 6C • attach completed FSA-211A to FSA-211. **Note:** Check the box in item 6C only when FSA-211A will be attached to FSA-211. **Important:** **See item 7 if the grantor is an entity and there is an individual already authorized to act for the entity.** Signature **must** 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	If the grantor is an entity, such as a corporation, partnership, trust, or joint venture, the individual or individuals granting the authority **must** sign, enter their official title, and date, in items 7 A, B, and C, respectively. See item 6 for grantors who are individuals. **Important:** Signatures **must** 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.

--*

FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet (Continued)

A Completing FSA-211 (Continued)

Item Number/ Section	Instructions
8 (a)-(c)	If the signatures in item 6 or 7, as applicable, are **not** witnessed by at least 1 FSA employee, **FSA-211 must be acknowledged by a valid notary public in item 9**. The notary public's signature, State, and county of commission, and certification are required. **Notes: In general, a notary public's certification must include:** • acknowledgement ("acknowledged or subscribed before me") • State and county of commission • signature • date • the notary's embossing seal or stamp • the notary's commission expiration date. 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 **must** witness the signature in item 6 or 7, as applicable. **The FSA employee must verify the grantor's identity by either personal knowledge or by reviewing the grantor's government-issued picture identification, such as a valid driver's license.** The employee **must** 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. ***--Note:** COC members cannot witness signatures on FSA-211. COC members are considered FSA officials and not FSA employees.**--***
10 (a)-(e)	Enter the county and State of the County Office the FSA-211 is served in items 10 (a) and (b), respectively. Enter the day, month, and year the properly completed FSA-211 was served to the County Office in items 10 (c), (d), and (e), respectively. **Note:** FSA-211 is effective **only** when **all** the following are met: • all required items are completed • a valid signature and date is obtained, and witnessed or notarized • FSA-211 is served to the County Office.

FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet (Continued)

B Completing FSA-211A

Use the following instructions to complete FSA-211A.
*--

Item Number/ Section	Instructions
	FSA-211A shall be used only when **all** 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. **Example:** If there are a total of 3 continuation sheets, they would be numbered "1 of 3", "2 of 3", and "3 of 3", respectively. **Important:** All continuation sheets **must** 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 A and B	Individual members shall sign and date.
3, 4, 5, 6, 7 C through E	At least 1 FSA employee **must** witness the grantor's signature. **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 **not** witnessed by at least 1 FSA employee, **the form must be acknowledged by a valid Notary Public**. The Notary Public's signature, State and county of commission, and certification are required. **Important:** 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. **Example:** 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.

--*

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
(12-17-08)

U. S. DEPARTMENT OF AGRICULTURE
Farm Service Agency - Natural Resources Conservation Service -
Commodity Credit Corporation - Federal Crop Insurance Corporation - Risk Management Agency

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint the following grantee:
(1) _____ 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 the Farm Service Agency, Natural Resources Conservation Service Agency, or Commodity Credit Corporation programs checked below. **NOTE: This power of attorney form is not valid for FSA Farm Loan Program purposes.**

A. FSA, NRCS and CCC PROGRAMS
(Check applicable programs)

- ☐ 1. All current programs.
- ☐ 2. All current and all future programs.
- ☐ 3. Direct and Counter-Cyclical Program.
- ☐ 4. Average Crop Revenue Election Program.
- ☐ 5. Supplemental Revenue Assistance Payments Program (SURE).
- ☐ 6. Tree Assistance Program (TAP).
- ☐ 7. Livestock Indemnity Program (LIP).
- ☐ 8. Livestock Forage Disaster Program (LFP).
- ☐ 9. Emergency Assistance for Livestock, Honey Bees, and Farm-Raised Fish (ELAP).
- ☐ 10. Noninsured Crop Disaster Assistance Program.
- ☐ 11. Marketing Assistance Loans and Loan Deficiency Payments.
- ☐ 12. Milk Income Loss Contract Program.
- ☐ 13. Farm Storage Facility Loan Program.
- ☐ 14. FSA Conservation Programs.
- ☐ 15. NRCS Conservation Programs.
- ☐ 16. Tobacco Programs.
- ☐ 17. *Other (Specify):* _____

B. TRANSACTIONS for FSA, NRCS and CCC PROGRAMS
(Check applicable actions)

- ☐ 1. All actions.
- ☐ 2. Signing applications, agreements, and contracts.
- ☐ 3. Making reports.
- ☐ 4. Conducting all marketing assistance loan and LDP transactions.
- ☐ 5. AGI Certification
- ☐ 6. Routing Banking Accounts
- ☐ 7. Other *(Specify):* _____

This form may also be used to grant authority to an attorney-in-fact to act on the grantor's behalf with respect to FCIC crop insurance policies. Checking any of the FCIC transactions does not have any impact as to the FSA, NRCS or CCC transactions checked above:

C. INSURED CROPS/STATE/COUNTY
(Enter "All" or specify each crop, state, county and year(s)

1. _____
2. _____
3. _____
4. _____

D. CROP INSURANCE TRANSACTIONS
(Check applicable actions)

- ☐ 1. All actions.
- ☐ 2. Making application for insurance.
- ☐ 3. Reporting crop acreage and production reports.
- ☐ 4. Reporting a notice of damage or loss and making claim for indemnity.
- ☐ 5. Making transfers and cancellations.
- ☐ 6. Making contract changes.
- ☐ 7. Other *(Specify):* _____

This Power of Attorney is valid in all counties in the United States unless otherwise noted. This power of attorney shall remain in full force and effect until *(1)* written notice of its revocation has been duly served upon FSA, NRCS or CCC as appropriate; *(2)* death of the undersigned grantor; or *)* incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attorney shall not be effective until properly executed and served to a USDA Service Center.

AUTHORIZED SIGNATURES

6A. Signature of Grantor *(Individual)*	6B. Signature Date *(MM-DD-YYYY)*	6C. For Grantor's Signature Continuation, check here if FSA-211A is attached. ☐
7A. Signature of Grantor *(Partnership, Corporation, Trust, etc.)* (By)	7B. Title/Relationship of Individual Signing in the Representative Capacity	7C. Signature Date *(MM-DD-YYYY)*

8. Notary Public *(this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).*
Signature *(a)* _____ the State of *(b)* _____ the County of *(c)* _____ .

FOR FSA USE ONLY

9A. Witness Signature *(FSA Employee Only)*	9B. Signature Date	9C. Official Position

10. This power of attorney was served to *(a)* _____ USDA Service Center, *(b)* State of _____ and became effective this *(c)* _____ day of *(d)* _____ , *(e)* _____ .

NOTE: *The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub L. 110-246 and any amendments to such act as may follow). The information requested is necessary for the authorized attorney-in-fact to act in a representative capacity for the undersigned grantor. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation and Energy Act, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. The information collection is exempted from the Paperwork Reduction Act, as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F- Administration and Title II, Subtitle J - Administration). The provisions of criminal, civil, and privacy statutes may be applicable to the information provided.* ***RETURN THIS COMPLETED FORM TO THE APPLICABLE USDA SERVICE CENTER.***

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.

--*

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.

*--

This form is available electronically.

FSA-211A
(12-17-08)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency - Natural Resources Conservation Service -
Federal Crop Insurance Corporation - Commodity Credit Corporation - Risk Management Agency

POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET

Attach to Form FSA-211

Attachment Pages ___ of ___

NOTE: *The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub L. 110-246 and any amendments to such act as may follow). The information requested is necessary for the authorized attorney-in-fact to act in a representative capacity for the undersigned grantor. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation and Energy Act, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. The information collection is exempted from the Paperwork Reduction Act, as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F- Administration and Title II, Subtitle J - Administration). The provisions of criminal, civil, and privacy statutes may be applicable to the information provided.* ***RETURN THIS COMPLETED FORM TO THE APPLICABLE USDA SERVICE CENTER.***

1. Name of Attorney-In-Fact *(Item (1) from FSA-211)*	2. Name of Grantor *(Item (5) from FSA-211)*

AUTHORIZED SIGNATURES

3A. Signature of Grantor (By)	3B. Title/Relationship of Individual Signing in the Representative Capacity	3C. Signature Date
3D. Witness Signature *(FSA Employee Only)*	3E. Signature Date	3F. Official Position

3G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ the State of _____ the County of _____

4A Signature of Grantor (By)	4B. Title/Relationship of Individual Signing in the Representative Capacity	4C. Signature Date
4D. Witness Signature *(FSA Employee Only)*	4E. Signature Date	4F. Official Position

4G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ the State of _____ the County of _____

5A. Signature of Grantor (By)	5B. Title/Relationship of Individual Signing in the Representative Capacity	5C. Signature Date
5D. Witness Signature *(FSA Employee Only)*	5E. Signature Date	5F. Official Position

5G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ the State of _____ the County of _____

6A Signature of Grantor (By)	6B. Title/Relationship of Individual Signing in the Representative Capacity	6C. Signature Date
6D. Witness Signature *(FSA Employee Only)*	6E. Signature Date	6F. Official Position

6G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ the State of _____ the County of _____

7A Signature of Grantor (By)	7B. Title/Relationship of Individual Signing in the Representative Capacity	7C. Signature Date
7D. Witness Signature *(FSA Employee Only)*	7E. Signature Date	7F. Official Position

7G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ the State of _____ the County of _____

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.

--*

Non-FSA Power of Attorney Certification

*--

I, the undersigned, certify that:

1) _____ (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.

--*

State Codes and State Abbreviations

Offices shall use the following table to determine each State's code and USPS's State abbreviation.

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	CO	37 000	North Carolina	NC
09 000	Connecticut	CT	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	MO	69 000	Northern Mariana Islands	MP
30 000	Montana	MT	72 000	Puerto Rico	PR
31 000	Nebraska	NE			

State and County Codes and Counties

01 Alabama									
Codes			**Non-**	**Non-**	**Codes**			**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							

State and County Codes and Counties (Continued)

02 Alaska									
Codes			**Non-**	**Non-**	**Codes**			**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 Arizona									
Codes			**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 Arkansas									
Codes			**Non-**	**Non-**	**Codes**			**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		

State and County Codes and Counties (Continued)

05 Arkansas (Continued)									
Codes			Non-	Non-	Codes			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							

State and County Codes and Counties (Continued)

06 California									
Codes			**Non-**	**Non-**	**Codes**			**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		

State and County Codes and Counties (Continued)

08 Colorado									
Codes			**Non-**	**Non-**	**Codes**			**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	X		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	X		08	111	San Juan	X	
08	049	Grand			08	113	San Miguel		
08	051	Gunnison			08	115	Sedgwick		
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		

State and County Codes and Counties (Continued)

09 Connecticut									
Codes			**Non-**	**Non-**	**Codes**			**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 Delaware									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
10	001	Kent			10	005	Sussex		
10	003	New Castle							

11 District of Columbia									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
11	001	District of Columbia							

12 Florida									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
12	001	Alachua			12	029	Dixie		
12	003	Baker			12	031	Duval		
12	005	Bay			12	033	Escambia		
12	007	Bradford			12	035	Flagler		
12	009	Brevard			12	037	Franklin		
12	011	Broward			12	039	Gadsden		
12	013	Calhoun			12	041	Gilchrist		
12	015	Charlotte			12	043	Glades		
12	017	Citrus			12	045	Gulf		
12	019	Clay			12	047	Hamilton		
12	021	Collier			12	049	Hardee		
12	023	Columbia			12	051	Hendry		
12	025	*--Dade, Monroe		X--*	12	053	Hernando		
12	027	DeSoto			12	055	Highlands		

State and County Codes and Counties (Continued)

12 Florida (Continued)									
Codes		County	Non-Ag.	Non-FIPS	Codes		County	Non-Ag.	Non-FIPS
St.	Co.				St.	Co.			
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	085	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 Georgia									
Codes		County	Non-Ag.	Non-FIPS	Codes		County	Non-Ag.	Non-FIPS
St.	Co.				St.	Co.			
13	001	Appling			13	023	Bleckley		
13	003	Atkinson			13	025	Brantley		
13	005	Bacon			13	027	Brooks		
13	007	Baker			13	029	Bryan		
13	009	Baldwin			13	031	Bulloch		
13	011	Banks			13	033	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)

13 Georgia (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**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	105	Elbert			13	177	Lee		
13	107	Emanuel			13	179	Liberty		
13	109	Evans			13	181	Lincoln		
13	111	Fannin			13	183	Long		
13	113	Fayette			13	185	Lowndes		
13	115	Floyd			13	187	Lumpkin		
13	117	Forsyth			13	189	McDuffie		

State and County Codes and Counties (Continued)

13 Georgia (Continued)									
Codes			Non-	Non-	Codes			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)

14 Guam									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
14	001	Guam							

15 Hawaii									
Codes			**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						

State and County Codes and Counties (Continued)

16 Idaho									
Codes			**Non-**	**Non-**	**Codes**			**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		X
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		

State and County Codes and Counties (Continued)

17 Illinois									
Codes			**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	103	Lee		
17	033	Crawford			17	105	Livingston		
17	035	Cumberland			17	107	Logan		
17	037	*--DeKalb--*			17	109	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	143	Peoria		

State and County Codes and Counties (Continued)

17 Illinois (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**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		

18 Indiana									
Code			**Non-**	**Non-**	**Code**			**Non-**	**Non-**
St	**Co**	**County**	**Ag**	**FIPS**	**St**	**Co**	**County**	**Ag**	**FIPS**
18	001	Adams			18	033	*--DeKalb--*		
18	003	Allen			18	035	Delaware		
18	005	Bartholomew			18	037	Dubois		
18	007	Benton			18	039	Elkhart		
18	009	Blackford			18	041	Fayette		
18	011	Boone			18	043	Floyd		
18	013	Brown			18	045	Fountain		
18	015	Carroll			18	047	Franklin		
18	017	Cass			18	049	Fulton		
18	019	Clark			18	051	Gibson		
18	021	Clay			18	053	Grant		
18	023	Clinton			18	055	Greene		
18	025	Crawford			18	057	Hamilton		
18	027	Daviess			18	059	Hancock		
18	029	Dearborn			18	061	Harrison		
18	031	Decatur			18	063	Hendricks		

State and County Codes and Counties (Continued)

18 Indiana (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**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		

State and County Codes and Counties (Continued)

19 Iowa									
Codes			**Non-**	**Non-**	**Codes**			**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 Codes and Counties (Continued)

19 Iowa (Continued)									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
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 Kansas									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
20	001	Allen			20	033	Comanche		
20	003	Anderson			20	035	Cowley		
20	005	Atchison			20	037	Crawford		
20	007	Barber			20	039	Decatur		
20	009	Barton			20	041	Dickinson		
20	011	Bourbon			20	043	Doniphan		
20	013	Brown			20	045	Douglas		
20	015	Butler			20	047	Edwards		
20	017	Chase			20	049	Elk		
20	019	Chautauqua			20	051	Ellis		
20	021	Cherokee			20	053	Ellsworth		
20	023	Cheyenne			20	055	Finney		
20	025	Clark			20	057	Ford		
20	027	Clay			20	059	Franklin		
20	029	Cloud			20	061	Geary		
20	031	Coffey			20	063	Gove		

State and County Codes and Counties (Continued)

20 Kansas (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**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	079	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	111	Lyon			20	185	Stafford		
20	113	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							

State and County Codes and Counties (Continued)

21 Kentucky									
Codes			**Non-**	**Non-**	**Codes**			**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	129	Lee		
21	059	Daviess			21	131	Leslie		
21	061	Edmonson			21	133	Letcher		
21	063	Elliott			21	135	Lewis		
21	065	Estill			21	137	Lincoln		
21	067	Fayette			21	139	Livingston		
21	069	Fleming			21	141	Logan		
21	071	Floyd			21	143	Lyon		

State and County Codes and Counties (Continued)

21 Kentucky (Continued)									
Codes		County	Non-Ag.	Non-FIPS	Codes		County	Non-Ag.	Non-FIPS
St.	Co.				St.	Co.			
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	155	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 Louisiana									
Codes		County	Non-Ag.	Non-FIPS	Codes		County	Non-Ag.	Non-FIPS
St.	Co.				St.	Co.			
22	001	Acadia			22	015	Bossier		
22	003	Allen			22	017	Caddo		
22	005	Ascension			22	019	Calcasieu		
22	007	Assumption			22	021	Caldwell		
22	009	Avoyelles			22	023	Cameron		
22	011	Beauregard			22	025	Catahoula		
22	013	Bienville			22	027	Claiborne		

State and County Codes and Counties (Continued)

22 Louisiana (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**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 Maine									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
23	001	Androscoggin			23	009	Hancock		
23	002	Houlton		X	23	011	Kennebec		
23	003	Aroostook		*--X--*	23	013	Knox		
23	004	Fort Kent		X	23	015	Lincoln		
23	005	Cumberland			23	017	Oxford		
23	007	Franklin			23	019	Penobscot		

State and County Codes and Counties (Continued)

23 Maine (Continued)									
Codes		County	Non-Ag.	Non-FIPS	Codes		County	Non-Ag.	Non-FIPS
St.	Co.				St.	Co.			
23	021	Piscataquis			23	027	Waldo		
23	023	Sagadahoc			23	029	Washington		
23	025	Somerset			23	031	York		
24 Maryland									
Codes		County	Non-Ag.	Non-FIPS	Codes		County	Non-Ag.	Non-FIPS
St.	Co.				St.	Co.			
24	001	Allegany			24	029	Kent		
24	003	Anne Arundel			24	031	Montgomery		
24	005	Baltimore			24	033	Prince George's		
24	009	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			**Independent City**				
24	025	Harford			24	510	Baltimore	X	
24	027	Howard							
25 Massachusetts									
Codes		County	Non-Ag.	Non-FIPS	Codes		County	Non-Ag.	Non-FIPS
St.	Co.				St.	Co.			
25	001	Barnstable			25	015	Hampshire		
25	003	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		

State and County Codes and Counties (Continued)

26 Michigan									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
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	095	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		

State and County Codes and Counties (Continued)

26 Michigan (Continued)									
Codes		County	Non-Ag.	Non-FIPS	Codes		County	Non-Ag.	Non-FIPS
St.	Co.				St.	Co.			
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	Wexford		
26	157	Tuscola							

27 Minnesota									
Codes		County	Non-Ag.	Non-FIPS	Codes		County	Non-Ag.	Non-FIPS
St.	Co.				St.	Co.			
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	075	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	043	Faribault			27	099	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	055	Houston			27	111	East Otter Tail		*--X--*

State and County Codes and Counties (Continued)

27 Minnesota (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
27	112	West Otter Tail		X	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		X	27	151	Swift		
27	121	Pope			27	153	Todd		
27	123	Ramsey			27	155	Traverse		
27	125	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		X	27	169	Winona		
27	138	South St. Louis		X--*	27	171	Wright		
27	139	Scott			27	173	Yellow Medicine		

28 Mississippi									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
28	001	Adams			28	033	DeSoto		
28	003	Alcorn			28	035	Forrest		
28	005	Amite			28	037	Franklin		
28	007	Attala			28	039	George		
28	009	Benton			28	041	Greene		
28	011	Bolivar			28	043	Grenada		
28	013	Calhoun			28	045	Hancock		
28	015	Carroll			28	047	Harrison		
28	017	Chickasaw			28	049	Hinds		
28	019	Choctaw			28	051	Holmes		
28	021	Claiborne			28	053	Humphreys		
28	023	Clarke			28	055	Issaquena		
28	025	Clay			28	057	Itawamba		
28	027	Coahoma			28	059	Jackson		
28	029	Copiah			28	061	Jasper		
28	031	Covington			28	063	Jefferson		

State and County Codes and Counties (Continued)

28 Mississippi (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**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	073	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	113	Pike			28	163	Yazoo		

29 Missouri									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
29	001	Adair			29	017	Bollinger		
29	003	Andrew			29	019	Boone		
29	005	Atchison			29	021	Buchanan		
29	007	Audrain			29	023	Butler		
29	009	Barry			29	025	Caldwell		
29	011	Barton			29	027	Callaway		
29	013	Bates			29	029	Camden		
29	015	Benton			29	031	Cape Girardeau		

State and County Codes and Counties (Continued)

29 Missouri (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
29	033	Carroll			29	107	Lafayette		
29	035	Carter			29	109	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	119	McDonald		
29	047	Clay			29	121	Macon		
29	049	Clinton			29	123	Madison		
29	051	Cole			29	125	Maries		
29	053	Cooper			29	127	Marion		
29	055	Crawford			29	129	Mercer		
29	057	Dade			29	131	Miller		
29	059	Dallas			29	133	Mississippi		
29	061	Daviess			29	135	Moniteau		
29	063	***--DeKalb--***			29	137	Monroe		
29	065	Dent			29	139	Montgomery		
29	067	Douglas			29	141	Morgan		
29	069	Dunklin			29	143	New Madrid		
29	071	Franklin			29	145	Newton		
29	073	Gasconade			29	147	Nodaway		
29	075	Gentry			29	149	Oregon		
29	077	Greene			29	151	Osage		
29	079	Grundy			29	153	Ozark		
29	081	Harrison			29	155	Pemiscot		
29	083	Henry			29	157	Perry		
29	085	Hickory			29	159	Pettis		
29	087	Holt			29	161	Phelps		
29	089	Howard			29	163	Pike		
29	091	Howell			29	165	Platte		
29	093	Iron			29	167	Polk		
29	095	Jackson			29	169	Pulaski		
29	097	Jasper			29	171	Putnam		
29	099	Jefferson			29	173	Ralls		
29	101	Johnson			29	175	Randolph		
29	103	Knox			29	177	Ray		
29	105	Laclede			29	179	Reynolds		

State and County Codes and Counties (Continued)

29 Missouri (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
29	181	Ripley			29	209	Stone		
29	183	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			**Independent City**				
29	207	Stoddard			29	510	St. Louis	X	

30 Montana									
Codes			**Non-**	**Non-**	**Codes**			**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		

State and County Codes and Counties (Continued)

30 Montana (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**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							

31 Nebraska									
Codes			**Non-**	**Non-**	**Codes**			**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	Hall		
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 Sioux		X--*	31	093	Howard		
31	047	Dawson			31	095	Jefferson		

State and County Codes and Counties (Continued)

31 Nebraska (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**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	115	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							

32 Nevada									
Codes			**Non-**	**Non-**	**Codes**			**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		X
32	005	Douglas			32	035	Southeast Nye		X--*
32	007	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			**Independent City**				
32	019	Lyon			32	510	Carson City		

State and County Codes and Counties (Continued)

33 New Hampshire									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
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 New Jersey									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
34	001	Atlantic			34	023	Middlesex		
34	005	Burlington			34	025	Monmouth		
34	007	Camden			34	027	*--Morris, Bergen, Essex, Hudson, Passaic		X--*
34	009	Cape May			34	029	Ocean		
34	011	Cumberland			34	033	Salem		
34	015	Gloucester			34	035	Somerset, *--Union		X--*
34	019	Hunterdon * * *		* * *	34	037	Sussex		
34	021	Mercer			34	041	Warren * * *		* * *

35 New Mexico									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
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	X	
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	037	Quay		
35	017	Grant			35	039	Rio Arriba		
35	019	Guadalupe			35	041	Roosevelt		
35	021	Harding			35	043	Sandoval		

State and County Codes and Counties (Continued)

35 New Mexico (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
35	045	San Juan			35	055	Taos		
35	047	San Miguel			35	057	Torrance		
35	049	Santa Fe			35	059	Union		
35	051	Sierra			35	061	Valencia		
35	053	Socorro							

36 New York									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
36	001	Albany			36	057	Montgomery		
36	003	Allegany			* * *	* * *	* * *	* * *	
36	005	Bronx	X		36	061	New York	X	
36	007	Broome			36	063	Niagara		
36	009	Cattaraugus			36	065	Oneida		
36	011	Cayuga			36	067	Onondaga		
36	013	Chautauqua			36	069	Ontario		
36	015	Chemung			36	071	*--Orange, Rockland		X--*
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	027	Dutchess			36	083	Rensselaer		
36	029	Erie			36	085	Richmond	X	
36	031	Essex			* * *	* * *	* * *	* * *	
36	033	Franklin			36	089	St. Lawrence		
36	035	Fulton			36	091	Saratoga		
36	037	Genesee			36	093	Schenectady		
36	039	Greene			36	095	Schoharie		
36	041	Hamilton			36	097	Schuyler		
36	043	Herkimer			36	099	Seneca		
36	045	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		

State and County Codes and Counties (Continued)

36 New York (Continued)									
Codes		County	Non-Ag.	Non-FIPS	Codes		County	Non-Ag.	Non-FIPS
St.	Co.				St.	Co.			
36	113	Warren			36	119	Westchester		
36	115	Washington			36	121	Wyoming		
36	117	Wayne			36	123	Yates		

37 North Carolina									
Codes		County	Non-Ag.	Non-FIPS	Codes		County	Non-Ag.	Non-FIPS
St.	Co.				St.	Co.			
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		

State and County Codes and Counties (Continued)

37 North Carolina (Continued)									
Codes			**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		

State and County Codes and Counties (Continued)

38 North Dakota									
Codes			Non-	Non-	Codes			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	083	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							

State and County Codes and Counties (Continued)

39 Ohio									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
39	001	Adams			39	067	Harrison		
39	003	Allen			39	069	Henry		
39	005	Ashland			39	071	Highland		
39	007	Ashtabula			39	073	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	023	Clark			39	089	Licking		
39	025	Clermont			39	091	Logan		
39	027	Clinton			39	093	Lorain		
39	029	Columbiana			39	094	East Lucas		X
39	031	Coshocton			39	095	West Lucas		*--X--*
39	033	Crawford			39	097	Madison		
39	035	Cuyahoga			39	099	Mahoning		
39	037	Darke			39	101	Marion		
39	039	Defiance			39	103	Medina		
39	041	Delaware			39	105	Meigs		
39	043	Erie			39	107	Mercer		
39	045	Fairfield			39	109	Miami		
39	047	Fayette			39	111	Monroe		
39	049	Franklin			39	113	Montgomery		
39	051	Fulton			39	115	Morgan		
39	053	Gallia			39	117	Morrow		
39	055	Geauga			39	119	Muskingum		
39	057	Greene			39	121	Noble		
39	059	Guernsey			39	123	Ottawa		
39	061	Hamilton			39	125	Paulding		
39	063	Hancock			39	127	Perry		
39	065	Hardin			39	129	Pickaway		

State and County Codes and Counties (Continued)

39 Ohio (Continued)									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
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 Oklahoma									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
40	001	Adair			40	043	Dewey		
40	003	Alfalfa			40	045	Ellis		
40	005	Atoka			40	047	Garfield		
40	007	Beaver			40	049	Garvin		
40	009	Beckham			40	051	Grady		
40	011	Blaine			40	053	Grant		
40	013	Bryan			40	055	Greer		
40	015	Caddo			40	057	Harmon		
40	017	Canadian			40	059	Harper		
40	019	Carter			40	061	Haskell		
40	021	Cherokee			40	063	Hughes		
40	023	Choctaw			40	065	Jackson		
40	025	Cimarron			40	067	Jefferson		
40	027	Cleveland			40	069	Johnston		
40	029	Coal			40	071	Kay		
40	031	Comanche			40	073	Kingfisher		
40	033	Cotton			40	075	Kiowa		
40	035	Craig			40	077	Latimer		
40	037	Creek			40	079	Le Flore		
40	039	Custer			40	081	Lincoln		
40	041	Delaware			40	083	Logan		

State and County Codes and Counties (Continued)

40 Oklahoma (Continued)									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
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	137	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	115	Ottawa			40	151	Woods		
40	117	Pawnee			40	153	Woodward		
40	119	Payne							

41 Oregon									
Code		**County**	**Non-Ag**	**Non-FIPS**	**Code**		**County**	**Non-Ag**	**Non-FIPS**
St	**Co**				**St**	**Co**			
41	001	Baker			41	031	Jefferson		
41	003	Benton			41	033	Josephine		
41	005	Clackamas			41	035	Klamath		
41	007	Clatsop			41	037	Lake		
41	009	Columbia			41	039	Lane		
41	011	Coos			41	041	Lincoln		
41	013	Crook			41	043	Linn		
41	015	Curry			41	045	Malheur		
41	017	Deschutes			41	047	Marion		
41	019	Douglas			41	049	Morrow		
41	021	Gilliam			41	051	Multnomah		
41	023	Grant			41	053	Polk		
41	025	Harney			41	055	Sherman		
41	027	Hood River			41	057	Tillamook		
41	029	Jackson			41	059	Umatilla		

State and County Codes and Counties (Continued)

41 Oregon (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
41	061	Union			41	067	Washington		
41	063	Wallowa			41	069	Wheeler		
41	065	Wasco			41	071	Yamhill		

42 Pennsylvania									
Code			**Non-**	**Non-**	**Code**			**Non-**	**Non-**
St	**Co**	**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	097	Northumberland		
42	039	Crawford			42	099	Perry		
42	041	Cumberland			42	101	Philadelphia	* * *	
42	043	Dauphin			42	103	Pike		
42	045	Delaware			42	105	Potter		
42	047	Elk			42	107	Schuylkill		
42	049	Erie			42	109	Snyder		
42	051	Fayette			42	111	Somerset		
42	053	Forest			42	113	Sullivan		
42	055	Franklin			42	115	Susquehanna		
42	057	Fulton			42	117	Tioga		
42	059	Greene			42	119	Union		

State and County Codes and Counties (Continued)

42 Pennsylvania (Continued)									
Codes			Non-	Non-	Codes			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							

44 Rhode Island									
Codes			Non-	Non-	Codes			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 South Carolina									
Codes			Non-	Non-	Codes			Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
45	001	Abbeville			45	025	Chesterfield		
45	003	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	035	Dorchester		
45	013	Beaufort			45	037	Edgefield		
45	015	Berkeley			45	039	Fairfield		
45	017	Calhoun			45	041	Florence		
45	019	Charleston			45	043	Georgetown		
45	021	Cherokee			45	045	Greenville		
45	023	Chester			45	047	Greenwood		

State and County Codes and Counties (Continued)

45 South Carolina (Continued)									
Codes			Non-	Non-	Codes			Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
45	049	Hampton			45	071	Newberry		
45	051	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		

46 South Dakota									
Codes			Non-	Non-	Codes			Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
46	003	Aurora			46	047	Fall River		
46	005	Beadle			46	049	Faulk		
46	007	Bennett			46	051	Grant		
46	009	Bon Homme			46	053	Gregory		
46	011	Brookings			46	055	Haakon		
46	013	Brown			46	057	Hamlin		
46	015	Brule			46	059	Hand		
46	017	Buffalo			46	061	Hanson		
46	019	Butte			46	063	Harding		
46	021	Campbell			46	065	Hughes		
46	023	Charles Mix			46	067	Hutchinson		
46	025	Clark			46	069	Hyde		
46	027	Clay			46	071	Jackson		
46	029	Codington			46	073	Jerauld		
46	031	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		

State and County Codes and Counties (Continued)

46 South Dakota (Continued)									
Codes			Non-	Non-	Codes			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	105	Perkins			46	127	Union		
46	107	Potter			46	129	Walworth		
46	109	Roberts			46	135	Yankton		
46	111	Sanborn			46	137	Ziebach		

47 Tennessee									
Codes			Non-	Non-	Codes			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	075	Haywood		
47	033	Crockett			47	077	Henderson		
47	035	Cumberland			47	079	Henry		
47	037	Davidson			47	081	Hickman		
47	039	Decatur			47	083	Houston		
47	041	*--DeKalb--*			47	085	Humphreys		
47	043	Dickson			47	087	Jackson		

State and County Codes and Counties (Continued)

47 Tennessee (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**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	Smith		
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	117	Marshall			47	169	Trousdale		
47	119	Maury			47	171	Unicoi		
47	121	Meigs			47	173	Union		
47	123	Monroe			47	175	Van Buren		
47	125	Montgomery			47	177	Warren		
47	127	Moore			47	179	Washington		
47	129	Morgan			47	181	Wayne		
47	131	Obion			47	183	Weakley		
47	133	Overton			47	185	White		
47	135	Perry			47	187	Williamson		
47	137	Pickett			47	189	Wilson		
47	139	Polk							

48 Texas									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
48	001	Anderson			48	015	Austin		
48	003	Andrews			48	017	Bailey		
48	005	Angelina			48	019	Bandera		
48	007	Aransas			48	021	Bastrop		
48	009	Archer			48	023	Baylor		
48	011	Armstrong			48	025	Bee		
48	013	Atascosa			48	027	Bell		

State and County Codes and Counties (Continued)

48 Texas (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
48	029	Bexar			48	103	Crane		
48	031	Blanco			48	105	Crockett		
48	033	Borden			48	107	Crosby		
48	035	Bosque			48	109	Culberson		
48	037	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	131	Duval		
48	059	Callahan			48	133	Eastland		
48	061	Cameron			48	135	Ector		
48	063	Camp			48	137	Edwards		
48	065	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	151	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)

48 Texas (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**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	185	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	271	Kinney		
48	199	Hardin			48	273	Kleberg		
48	201	Harris			48	275	Knox		
48	203	Harrison			48	277	Lamar		
48	205	Hartley			48	279	Lamb		
48	207	Haskell			48	281	Lampasas		
48	209	Hays			48	283	La Salle		
48	211	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	297	Live Oak		
48	225	Houston			48	299	Llano		
48	227	Howard			48	301	Loving		
48	229	Hudspeth			48	303	Lubbock		
48	231	Hunt			48	305	Lynn		
48	233	Hutchinson			48	307	McCulloch		
48	235	Irion			48	309	McLennan		
48	237	Jack			48	311	McMullen		
48	239	Jackson			48	313	Madison		
48	241	Jasper			48	315	Marion		
48	243	Jeff Davis			48	317	Martin		
48	245	Jefferson			48	319	Mason		
48	247	Jim Hogg			48	321	Matagorda		
48	249	Jim Wells			48	323	Maverick		

State and County Codes and Counties (Continued)

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	339	Montgomery			48	413	Schleicher		
48	341	Moore			48	415	Scurry		
48	343	Morris			48	417	Shackelford		
48	345	Motley			48	419	Shelby		
48	347	Nacogdoches			48	421	Sherman		
48	349	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	Sterling		
48	359	Oldham			48	433	Stonewall		
48	361	Orange			48	435	Sutton		
48	363	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	383	Reagan			48	457	Tyler		
48	385	Real			48	459	Upshur		
48	387	Red River			48	461	Upton		
48	389	Reeves			48	463	Uvalde		
48	391	Refugio			48	465	Val Verde		
48	393	Roberts			48	467	Van Zandt		
48	395	Robertson			48	469	Victoria		
48	397	Rockwall			48	471	Walker		

State and County Codes and Counties (Continued)

48 Texas (Continued)									
Codes			Non-	Non-	Codes			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 Utah									
Codes			Non-	Non-	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	015	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	053	Washington		
49	025	Kane			49	055	Wayne		
49	027	Millard			49	057	Weber		
49	029	Morgan							

50 Vermont									
Codes			Non-	Non-	Codes			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		

State and County Codes and Counties (Continued)

50 Vermont (Continued)									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
50	017	Orange			50	023	Washington		
50	019	Orleans			50	025	Windham		
50	021	Rutland			50	027	Windsor		

51 Virginia									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
51	001	Accomack			51	063	Floyd		
51	003	Albemarle		X	51	065	Fluvanna		
51	005	Alleghany		X	51	067	Franklin		
51	007	Amelia			51	069	Frederick		X
51	009	Amherst			51	071	Giles		
51	011	Appomattox			51	073	Gloucester		
51	013	Arlington	X		51	075	Goochland		
51	015	Augusta			51	077	Grayson		X
51	017	Bath			51	079	Greene		
51	019	Bedford			51	081	Greensville		X
51	021	Bland			51	083	Halifax		
51	023	Botetourt			51	085	Hanover		
51	025	Brunswick			51	087	Henrico		X
51	027	Buchanan			51	089	Henry		X
51	029	Buckingham			51	091	Highland		
51	031	Campbell		X	51	093	Isle of Wight		
51	033	Caroline			51	095	James City		X
51	035	Carroll		X	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	105	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	053	Dinwiddie, Petersburg City		*--X--*	51	115	Mathews		
51	057	Essex			51	117	Mecklenburg		
51	059	Fairfax			51	119	Middlesex		
51	061	Fauquier			51	121	Montgomery		X

State and County Codes and Counties (Continued)

51 Virginia (Continued)									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
51	125	Nelson			51	165	Rockingham, Harrisonburg City		X
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	Southampton, Franklin City		X
51	139	Page			51	177	Spotsylvania, Fredericksburg City		X
51	141	Patrick			51	179	Stafford		
51	143	Pittsylvania			51	181	Surry		
51	145	Powhatan			51	183	Sussex		
51	147	Prince Edward			51	185	Tazewell		
51	149	Prince George * * *			51	187	Warren		
51	153	Prince William			51	191	Washington, Bristol City		X
51	155	Pulaski			51	193	Westmoreland		
51	157	Rappahannock			51	195	Wise		
51	159	Richmond			51	197	Wythe		
51	161	Roanoke, Roanoke City, Salem City		X	51	199	York, Poquoson City		X
51	163	Rockbridge, Buena Vista City, Lexington City		X					
Independent Cities									
51	510	Alexandria	X		51	670	Hopewell	X	
51	515	Bedford	X		51	683	Manassas	X	
51	550	Chesapeake			51	685	Manassas Park	X	
51	570	Colonial Heights	X		51	700	Newport News		
51	590	Danville	X		51	710	Norfolk	X	
51	600	Fairfax	X		51	720	Norton	X	
51	610	Falls Church	X		51	740	Portsmouth	X	
51	650	Hampton			51	790	Staunton	X	

State and County Codes and Counties (Continued)

51 Virginia (Continued)									
Codes			**Non-**	**Non-**	**Codes**			**Non-**	**Non-**
St.	**Co.**	**County**	**Ag.**	**FIPS**	**St.**	**Co.**	**County**	**Ag.**	**FIPS**
Independent Cities									
51	800	Suffolk			* * *	* * *	* * *	* * *	
51	810	Virginia Beach							
51	820	Waynesboro	X						

52 Virgin Islands									
Codes			**Non-**	**Non-**	**Codes**			**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 Washington									
Codes			**Non-**	**Non-**	**Codes**			**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	009	Clallam			53	049	Pacific		
53	011	Clark			53	051	Pend Oreille		
53	013	Columbia			53	053	Pierce		
53	015	Cowlitz			53	055	San Juan		
53	017	Douglas			53	057	Skagit		
53	019	Ferry			53	059	Skamania		
53	021	Franklin			53	061	*--Snohomish, North King		X--*
53	023	Garfield			53	063	Spokane		
53	025	Grant			53	065	Stevens		
53	027	Grays Harbor			53	067	Thurston		
53	029	Island			53	069	Wahkiakum		
53	031	Jefferson			53	071	Walla Walla		
53	033	*--South King		X--*	53	073	Whatcom		
53	035	Kitsap			53	075	Whitman		
53	037	Kittitas			53	077	Yakima		
53	039	Klickitat							

State and County Codes and Counties (Continued)

54 West Virginia									
Codes		**County**	**Non-Ag.**	**Non-FIPS**	**Codes**		**County**	**Non-Ag.**	**Non-FIPS**
St.	**Co.**				**St.**	**Co.**			
54	001	Barbour			54	057	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	021	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, McDowell		X--*					

State and County Codes and Counties (Continued)

55 Wisconsin									
Codes			**Non-**	**Non-**	**Codes**			**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	Vilas		
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)

56 Wyoming									
Codes			Non-	Non-	Codes			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 American Samoa									
Codes			Non-	Non-	Codes			Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
60	001	American Samoa							

64 Federated States of Micronesia									
Codes			Non-	Non-	Codes			Non-	Non-
St.	Co.	County	Ag.	FIPS	St.	Co.	County	Ag.	FIPS
64	040	*--Pohnpei--*							

69 Northern Mariana Islands									
Codes			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 Puerto 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	X	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.**--***

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
*--BCAP	Biomass Crop Assistance Program--*
BIA	Bureau of Indian Affairs
BLM	Bureau of Land Management
BOC	budget object code
BQL	base quota level
BUD	Budget Division

Approved Abbreviations and Acronyms (Continued)

A Mandatory Abbreviations and Acronyms (Continued)

Abbreviation or Acronym	Term
CAB	crop acreage base
CAIVRS	Credit Alert Interactive Voice Response System
CAMS	Combined Administrative Management System
*--CAP	Crop Assistance Program--*
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
*--CPA	conservation priority area--*
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
* * *	* * *
CSRS	Civil Service Retirement System
c.t.	central time
CU	conserving uses
CW	converted wetland

Note: CSREES was replaced by NIFA.

Approved Abbreviations and Acronyms (Continued)

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

--*

Approved Abbreviations and Acronyms (Continued)

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
***--**EFRP	Emergency Forest Restoration Program
EFT	electronic funds transfer
ELAP	Emergency Assistance for Livestock, Honeybees, and Farm-Raised Fish Program**--***
ELS	extra long staple
EM	emergency loan
EPA	Environmental Protection Agency
***--**EPAS	Economic and Policy Analysis Staff
EPD	Emergency Preparedness Division**--***
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

Approved Abbreviations and Acronyms (Continued)

A Mandatory Abbreviations and Acronyms (Continued)
***--**

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

--*

Approved Abbreviations and Acronyms (Continued)

A Mandatory Abbreviations and Acronyms (Continued)

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
*--FLS	Farm Loan Specialist--*
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 **Note:** 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

Approved Abbreviations and Acronyms (Continued)

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

--*

Approved Abbreviations and Acronyms (Continued)

A Mandatory Abbreviations and Acronyms (Continued)

Abbreviation or Acronym	Term
LA	loss adjuster
LAA	local administrative area
LAN	local area network
LAP	Livestock Assistance Program
LCP	Livestock Compensation Program
*--LDAP	Livestock Disaster Assistance 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
*--MIDAS	Modernize and Innovate the Delivery of Agricultural Systems--*
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
*--NCT	national crop table--*
NEPA	National Environmental Policy Act
NFC	National Finance Center
*--NIFA	National Institute of Food and Agriculture--* **Note:** Formerly Cooperative State Research, Education, and Extension Service (CSREES).
NITC	National Information Technology Center
NPS	National Payment Service
NRCS	Natural Resources Conservation Service
*--NRRS	National Receipts and Receivables System--*

Approved Abbreviations and Acronyms (Continued)

A Mandatory Abbreviations and Acronyms (Continued)
***--**

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
OO	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

--*

Approved Abbreviations and Acronyms (Continued)

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

--*

Approved Abbreviations and Acronyms (Continued)

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
*--SFLO	Senior Farm Loan Officer--*
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
SURE	Supplemental Revenue Assistance Payments
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
TOP	Treasury Offset Program
TTPP	Tobacco Transition Payment Program

Approved Abbreviations and Acronyms (Continued)

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

--*

Approved Abbreviations and Acronyms (Continued)

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

Approved Abbreviations and Acronyms (Continued)

B Optional Abbreviations and Acronyms (Continued)

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

Approved Facility Types and Codes

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

Continued on the next page

Approved Facility Types and Codes (Continued)

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		

USPS Abbreviations for SCIMS Name and Address Records

A
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	N	Northeast	NE
East	E	Southeast	SE
South	S	Northwest	NW
West	W	Southwest	SW

C
Street Abbreviations

The following table shows the list of official USPS street designator 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	BYP

Continued on the next page

C
Street
Abbreviations
(Continued)

Street Designator	Abbreviation	Street Designator	Abbreviation	Street Designator	Abbreviation
Camp	CP	Dam	DM	Freeway	FWY
Canyon	CYN	Divide	DV	Gardens	GDNS
Cape	CPE	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	CT	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

Continued on the next page

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	PKY	River	RIV
Loaf	LF	Pass	PASS	Road	RD
Locks	LCKS	Path	PATH	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	PT	Spring	SPG
Mission	MSN	Port	PRT	Springs	SPGS

Continued on the next page

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	TPKE	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.

***--Review of Payments to Individuals Identified as Deceased Report (RPT-I-00-CM-11-1) in FY 2011 and Subsequent Years**

DMF Review Report
Fiscal Year: 2011
State: State
County: County
Quarters 1
Report Date: Monday, August 08, 2011

State Code	State	County Code	County	Last 4 of Tax ID	(SCIMS)Name	Death Master File Name	Date Of Death	Payee Name	Last 4 of Payee Tax ID	Payee Tax Id Type	Program Code	Program Name	Payment Date	FY Quarter	Program Year	Payment Amount	Date State Review	Date County Review	Reason Code	Overpayment Amount	Date Overpayment Est.	Collected Amount	Explanation or Actions Completed
99	State	999	County	9999	ANY PRODUCER	ANY PRODUCER	4/3/2009	ANY PRODUCER	9999	S	9999	PROGRAM NAME	11/8/2010	1	08	$3,007.00	7/5/2011	8/3/2011	30				
99	State	999	County	9999	ANY PRODUCER	ANY PRODUCER	4/3/2009	ANY PRODUCER	9999	S	9999	PROGRAM NAME	11/8/2010	1	08	$7,560.00	7/5/2011	8/3/2011	30				
99	State	999	County	9999	ANY PRODUCER	ANY PRODUCER	4/3/2009	ANY PRODUCER	9999	S	9999	PROGRAM NAME	11/8/2010	1	08	$127.00	7/5/2011	8/3/2011	30				
99	State	999	County	9999	ANY PRODUCER	ANY PRODUCER	4/3/2009	ANY PRODUCER	9999	S	9999	PROGRAM NAME	11/8/2010	1	08	$576.00	7/5/2011	8/3/2011	30				
99	State	999	County	9999	ANY PRODUCER	ANY PRODUCER	4/3/2009	ANY PRODUCER	9999	S	9999	PROGRAM NAME	11/8/2010	1	08	$138.00	7/5/2011	8/3/2011	30				
99	State	999	County	9999	ANY PRODUCER	ANY PRODUCER	4/3/2009	ANY PRODUCER	9999	S	9999	PROGRAM NAME	11/8/2010	1	08	$81.00	7/5/2011	8/3/2011	30				

- "**Reason Code**" is the numerical code that best describes the condition or situation, according to paragraph 1005.
- "**Overpayment Amount**" is the monetary amount the producer is overpaid, if applicable.
- "**Date Overpayment Established**" is the date the overpayment was established, if applicable.
- "**Collected Amount"** is the monetary amount of the overpayment that has been collected, if applicable.
- "**Explanations and Actions Completed**" include, but are **not** limited to:

  - handbook procedure that was reviewed
  - legal documents authenticating producer's TIN
  - other records that may have been reviewed
  - date receivable established.

Note: Explanations and Actions Completed are **required** for Reason Codes "28" and "38".

The "**Program Year**" column will be **blank** for CDP, dishonored checks, ECP, interest penalties, LCP, LIP, Local Deposit Banks, NPS refunds, refund repayments, and settlements under *Pigford*.**--***