## UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency Washington, DC 20250

Common Management and	
Operating Provisions	
1-CM (Revision 3)	Amendment 44

**Approved by:** Acting Deputy Administrator, Farm Programs



## **Amendment Transmittal**

#### A Overview

This amendment provides policy and procedure for FSA-217.

### **B** Reasons for Amendment

Paragraph 198 has been amended to update customer data change information.

Part 33 has been added to provide:

- policy and procedure for completing and maintaining FSA-217
- an example of FSA-217.

Exhibit 2 has been amended to clarify definitions for Beginning Farmer or Rancher, Limited Resource Farmer or Rancher, and Socially Disadvantaged Farmer or Rancher.

Page Control Chart				
TC	Text	Exhibit		
11	7-113 through 7-116	1, pages 1, 2		
12 (add)	32-15, 32-16	2, pages 1-4		
	33-1, 33-2 (add)			
	33-3 (add)			

1-20-10 Page 1

# **Table of Contents (Continued)**

			Page No.
Part 32	2	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
	938-94		
Part 33	3	Socially Disadvantaged, Limited Resource, and Beginning Farmer or Ranc Certification	her
	950	Certification Policy	33-1
Exhibit	ts		
	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 Employer ID Numbers	
	11	Recording Business Types	
	11.4	Completing AD-2017	
	11.5	SCIMS Security Officers	
	12	Conversion Chart	
	12.5	Example of a Potential Duplicate Customer With Both a Temporary and a Perm Identification Number	anent Tax
	12.6	Example of a Potential Duplicate Customer With Only a Temporary Tax Identify Number	fication
	12.7	Example of a Potential Duplicate Customer in 2 Counties With Different Name	S
	12.8	Example of Potential Duplicate Customer in 2 Counties, But Not Duplicate in 3	rd County
	12.9	Example of Potential Duplicate Customer Based on Matching Tax Identification	
		Numbers With Different Business Types	
	12.10	Example of Potential Customer With Matching Tax Identification Numbers With	th
		Different Names and Business Types	
	13	SF-256, Self-Identification of Handicap	
	14-49	(Reserved)	
	50	Forms and Documents Not Approved for FAXed Signatures	
	51	Signature Authority/Power of Attorney Questions and Answers	
	52-59	(Reserved)	

## **Table of Contents (Continued)**

## **Exhibits (Continued)**

60	FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation
	Sheet

- 61 (Withdrawn--Amend. 5)
- 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

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

## C Messages and Actions (Continued)

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

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

## 198 Documenting Customer Data Changes in SCIMS

## \*--A Customer Data Changes

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

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

\* \* \*

## **B** Maintenance

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

# 198 Documenting Customer Data Changes in SCIMS (Continued)

# C Example of AD-2047

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

AD-2047		T OF AGRICULTURE	Form Approved – OMB No. 0560-02
08-04-09)		vice Agency evelopment	
		Conservation Service	
CUSTOMER DATA			IS RECORD CHANGE
		IAL USE ONLY)	
See Page 2 for Privacy Act and Public Burden PART A - CUSTOMER INFORMATION	Statements)		
A. Customer's Full Legal Name or Business N	Name	1B. Customer or Busin	ess Address (Including Zip Code)
		DO D 10	
hristian A. Hunt		PO Box 10 Harpers Ferry,	WV 25425
C. Home Telephone Number (Area Code)	1D. Business Telephor	ne Number (Area Code)	1E. Other Telephone Number (Area Code)
. SSN or Tax ID Number (9 Digits)	3. E-Mail Address		Customer Wishes to Receive Mail?
. CON OF TAX ID NUMBER (3 Digita)	5. E-Iviali Addiess		
			YES NO
. Producer is Customer of One or More of the	Following Agencies. (Chec	k Appropriate Agency(ies)	below:)
⊠ FSA □ RD 🗵	NRCS ☐ Not	Participating	
. Is the Customer a Multi-County Producer?		st States and/or Counties	pelow:) NO
as farm in Berkeley County, WV		states and/or counties i	DEIOW.) INO
as rarm in Berkeley County, wv	<b>'</b>		
. Reason for Request (Check appropriate box	(/es) helow:)		
□ New Producer	nge 🔲 Telephone Cha	ange 🔲 Sale/Purcha	ise  Life Event
Other (Specify):			
	th		For an form of the standard assert (i.e., HODO)
. Enter the name of the customer requesting t			
. Enter the name of the customer requesting t attach documentation to this form. Only Par	t A, Item 1A and Part B shall	I be completed. If the req	uest was received by telephone, complete
Enter the name of the customer requesting t attach documentation to this form. Only Par applicable blocks necessary to document the	t A, Item 1A and Part B shall e change(s) and enter the re	I be completed. If the requestor's name in Item 8.4	uest was received by telephone, complete  A. Requestor's signature is not required.
. Enter the name of the customer requesting t attach documentation to this form. Only Par	t A, Item 1A and Part B shall e change(s) and enter the re	I be completed. If the requestor's name in Item 8.4	uest was received by telephone, complete  A. Requestor's signature is not required.
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required tapplicable information.)	t A, Item 1A and Part B shall e change(s) and enter the re	I be completed. If the requestor's name in Item 8/ by are physically at a Ser	uest was received by telephone, complete A. Requestor's signature is not required.  vice Center and providing FSA with  8C. Date of Record Change
Enter the name of the customer requesting t attach documentation to this form. Only Par applicable blocks necessary to document th (The only time the customer is required t applicable information.)  A. Name of Customer Requesting Change	t A, Item 1A and Part B shal e change(s) and enter the re to sign Item 8B is when the	I be completed. If the requestor's name in Item 8/ by are physically at a Ser	uest was received by telephone, complete A. Requestor's signature is not required.  vice Center and providing FSA with    8C. Date of Record Change  (MM-DD-YYYY)
Enter the name of the customer requesting t attach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required trapplicable information.)  A. Name of Customer Requesting Change	t A, Item 1A and Part B shal e change(s) and enter the re to sign Item 8B is when the	I be completed. If the requestor's name in Item 8/ by are physically at a Ser	uest was received by telephone, complete A. Requestor's signature is not required.  vice Center and providing FSA with
Enter the name of the customer requesting t attach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required to applicable information.)  A. Name of Customer Requesting Change hristian Hunt	t A, Item 1A and Part B shal e change(s) and enter the re to sign Item 8B is when the	I be completed. If the requestor's name in Item 8/ by are physically at a Ser	uest was received by telephone, complete A. Requestor's signature is not required.  vice Center and providing FSA with    8C. Date of Record Change  (MM-DD-YYYY)
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required tapplicable information.)  A. Name of Customer Requesting Change hristian Hunt  ART B - SERVICE CENTER ACTION	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat	I be completed. If the req questor's name in Item 8/ y are physically at a Sen ure	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY)  08-05-2009
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required tapplicable information.)  A. Name of Customer Requesting Change hristian Hunt  ART B – SERVICE CENTER ACTION	t A, Item 1A and Part B shall e change(s) and enter the re to sign Item 8B is when the 8B. Signat 9B. Initials of Em	I be completed. If the requestor's name in Item 8/19 are physically at a Serure	uest was received by telephone, complete A. Requestor's signature is not required.  vice Center and providing FSA with   8C. Date of Record Change (MM-DD-YYYY) 08-05-2009   9C. Date Service Center Employee Received
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required tapplicable information.)  A. Name of Customer Requesting Change hristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below.)	t A, Item 1A and Part B shall e change(s) and enter the re to sign Item 8B is when the 8B. Signat 9B. Initials of Em	I be completed. If the req questor's name in Item 8/ y are physically at a Sen ure	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY)  08-05-2009
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required trapplicable information.)  A. Name of Customer Requesting Change hristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  FSA NRCS RD	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 9B. Initials of Em Request (If D	I be completed. If the requestor's name in Item 8. Ite	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required tapplicable information.)  A. Name of Customer Requesting Change hristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  FSA NRCS RD  D. How the Request for Change was Receive	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 9B. Initials of Em. Request (If D. d.:	I be completed. If the requestor's name in Item 8/ by are physically at a Servere serv	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required tapplicable information.)  A. Name of Customer Requesting Change hristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  S FSA NRCS RD  D. How the Request for Change was Receive Coffice Visit Telephone FAX	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 9B. Initials of Em. Request (If D. d.:	I be completed. If the requestor's name in Item 8/ by are physically at a Servere serv	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
Enter the name of the customer requesting to attach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required to applicable information.)  A. Name of Customer Requesting Change Christian Hunt  PART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  FSA NRCS RD  O. How the Request for Change was Receive	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 9B. Initials of Em. Request (If D. d.:	I be completed. If the requestor's name in Item 8/ by are physically at a Servere serv	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
Enter the name of the customer requesting to attach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required to applicable information.)  A. Name of Customer Requesting Change Christian Hunt  PART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)    FSA	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 8B. Signat 9B. Initials of Em. Request (If D. d.:  USPS Other (Spe	I be completed. If the requestor's name in Item 8/ by are physically at a Servere serv	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required trapplicable information.)  A. Name of Customer Requesting Change hristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)    FSA	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 8B. Signat 9B. Initials of Em. Request (If D. d.:  USPS Other (Spe	I be completed. If the requestor's name in Item 8/ by are physically at a Servere serv	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required trapplicable information.)  A. Name of Customer Requesting Change thristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)    FSA	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 8B. Signat 9B. Initials of Em. Request (If D. d.:  USPS Other (Spe	I be completed. If the requestor's name in Item 8/ by are physically at a Servere serv	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
Enter the name of the customer requesting to attach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required to applicable information.)  A. Name of Customer Requesting Change Christian Hunt  PART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)    FSA	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 8B. Signat 9B. Initials of Em. Request (If D. d.:  USPS Other (Spe	I be completed. If the requestor's name in Item 8/ by are physically at a Servere serv	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
Enter the name of the customer requesting to attach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required to applicable information.)  A. Name of Customer Requesting Change (Thristian Hunt)  PART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  FSA NRCS RD  O. How the Request for Change was Receive Check one below:  Office Visit Telephone FAX REMARKS if Applicable:  ddress updated in SCIMS 08-05-	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 9B. Initials of Em. Request (If D USPS  Other (Spe	I be completed. If the requestor's name in Item 8/ by are physically at a Servere serv	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required trapplicable information.)  A. Name of Customer Requesting Change thristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  FSA NRCS RD  D. How the Request for Change was Receive Goffice Visit Telephone FAX Remarks if Applicable:  ddress updated in SCIMS 08-05-	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 9B. Initials of Em. Request (If D USPS  Other (Spe	I be completed. If the requestor's name in Item 8/ by are physically at a Servere serv	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required trapplicable information.)  A. Name of Customer Requesting Change thristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  FSA NRCS RD  D. How the Request for Change was Receive Goffice Visit Telephone FAX Remarks if Applicable:  ddress updated in SCIMS 08-05-	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 9B. Initials of Em. Request (If D USPS  Other (Spe	I be completed. If the requestor's name in Item 8/ by are physically at a Servere serv	uest was received by telephone, complete A. Requestor's signature is not required.  ### 8C. Date of Record Change
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required trapplicable information.)  A. Name of Customer Requesting Change hristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)    FSA	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 8B. Signat 9B. Initials of Em. Request (If D USPS Other (Spe	I be completed. If the reg questor's name in Item 8/ sy are physically at a Ser ture  ployee Receiving ifferent than Item 12A)  MPS  cify):	uest was received by telephone, complete A. Requestor's signature is not required.  ### 8C. Date of Record Change
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required trapplicable information.)  A. Name of Customer Requesting Change hristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  FSA NRCS RD  D. How the Request for Change was Receive Office Visit Telephone FAX Remarks if Applicable:  ddress updated in SCIMS 08-05-	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 8B. Signat 9B. Initials of Em Request (If D USPS Other (Spe	I be completed. If the requestor's name in Item 8/ ey are physically at a Service  For example, the service of	uest was received by telephone, complete A. Requestor's signature is not required.  ### 8C. Date of Record Change   (MM-DD-YYYY)
Enter the name of the customer requesting to attach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required to applicable information.)  A. Name of Customer Requesting Change thristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  FSA NRCS RD  O. How the Request for Change was Receive Office Visit Telephone FAX  1. Remarks if Applicable:  dddress updated in SCIMS 08-05-	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 8B. Signat 9B. Initials of Em Request (If D USPS Other (Spe	I be completed. If the reg questor's name in Item 8/ sy are physically at a Ser ture  ployee Receiving ifferent than Item 12A)  MPS  cify):	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009  12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009  ISE ONLY.
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required trapplicable Information.)  A. Name of Customer Requesting Change hristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  FSA NRCS RD  D. How the Request for Change was Receive Glick Office Visit Telephone FAX Remarks if Applicable: ddress updated in SCIMS 08-05-  2A. Signature of Employee Updating SCIMS FOR  SA. I concur/do not concur the above items have	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 8B. Signat 9B. Initials of Em Request (If D USPS Other (Spe	I be completed. If the requestor's name in Item 8/ey are physically at a Server emphysically at a Server emphysical	uest was received by telephone, complete A. Requestor's signature is not required.  Wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009  12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009  ISE ONLY.
Enter the name of the customer requesting to attach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required to applicable information.)  A. Name of Customer Requesting Change Christian Hunt  PART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  FSA NRCS RD  O. How the Request for Change was Receive Office Visit Telephone FAX 1. Remarks if Applicable:  ddress updated in SCIMS 08-05-	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 8B. Signat 9B. Initials of Em Request (If D USPS Other (Spe	I be completed. If the requestor's name in Item 8/ey are physically at a Server emphysically at a Server emphysical	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009  12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009  ISE ONLY.
Enter the name of the customer requesting tattach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required trapplicable Information.)  A. Name of Customer Requesting Change hristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)  FSA NRCS RD  D. How the Request for Change was Receive Glick Office Visit Telephone FAX Remarks if Applicable: ddress updated in SCIMS 08-05-  2A. Signature of Employee Updating SCIMS FOR  SA. I concur/do not concur the above items have	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 8B. Signat 9B. Initials of Em Request (If D USPS Other (Spe	I be completed. If the requestor's name in Item 8/ey are physically at a Server emphysically at a Server emphysical	uest was received by telephone, complete A. Requestor's signature is not required.  Wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009  12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009  ISE ONLY.
Enter the name of the customer requesting to attach documentation to this form. Only Par applicable blocks necessary to document the (The only time the customer is required to applicable information.)  A. Name of Customer Requesting Change thristian Hunt  ART B - SERVICE CENTER ACTION  A. Agency Who Received Request: (Check one below:)    FSA	t A, Item 1A and Part B shall e change(s) and enter the re o sign Item 8B is when the 8B. Signat 8B. Signat 9B. Initials of Em Request (If D USPS Other (Spe	I be completed. If the requestor's name in Item 8/ey are physically at a Server emphysically at a Server emphysical	uest was received by telephone, complete A. Requestor's signature is not required.  wice Center and providing FSA with  8C. Date of Record Change (MM-DD-YYYY) 08-05-2009  9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 08-05-2009  12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 08-05-2009  ISE ONLY.  ur

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

## C Example of AD-2047 (Continued)

AD-2047 (08-04-09) Page 2 of 3

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is OMB Circular A-123, the Federal Managers' Financial Integrity Act of 1982, and the Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request for critical producer data changes within the Service Center Information Management System (SCIMS). The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to request changes within SCIMS.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0265. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

## 199-206 (Reserved)

## 936 Changing ID Number, ID Type, or Facility Code

## A Purpose

Screen MAC02001 allows user to make changes to ID number, ID type, or facility codes to records in the facility name and address file.

## **B** Accessing Screen MAC02001

On Menu MAC01001:

- enter ID number or facility name, ID type, and facility code for the facility to be changed
- PRESS "ENTER", Screen MAC02001 will be displayed.

## C Example of Screen MAC02001

Following is an example of Screen MAC02001.

24-Maryland XXXX Name and Address-Mainten	CHANGE VERSION	MAC0200 : AB28 12/09/1997 12:03 TERM H0	01
1) Id Number 999 99 9999	Cotton Gin 2) Id Type S	3) Facility Code 03	
<ul><li>4) New Id Number</li><li>5) New Id Type</li></ul>			
6) New Facility Code			
Cmd7-End		Enter-Continu	ue

## **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.

Oth	073-A RANSOM her Name and Address - Maintenance	e '	Delete VERSION: A		MAC0 07/07/99		ļ
1)		anc 2)	cial Institution Id Type F	n	3) Faci	lity Code 40	
Re	cord is Deleted, do you wish to react	iva		Confirm	to Reactiv	ate (Y)es or (N)	)0

## **C** Reactivating Records

To reactivate the record, ENTER "Y" and PRESS "ENTER". Screen MAC01601 will be redisplayed with the message, "Record Reactivated".

## 938-949 (Reserved)

## \*--Part 33 Socially Disadvantaged, Limited Resource, and Beginning Farmer Certifications

## 950 Certification Policy

## A Background

Certain FSA/CCC programs, including but not limited to DCP and ACRE Program, require customers to indicate that they are claiming to be socially disadvantaged, limited resource, or beginning farmers or ranchers, to meet applicable eligibility requirements.

### **B** FSA-217

FSA-217 shall be completed by all producers requesting eligibility consideration based on the applicable certification. See Exhibit 1 for definitions of socially disadvantaged, limited resource and beginning farmers or ranchers.

#### **C** Maintenance

FSA-217 shall be filed according to 25-AS, Exhibit 22 in file PE 2, Producer Eligibility File, and maintained for a period of 7 years after the year the applicable program files are no longer needed.--\*

# 950 Certification Policy (Continued)

# D Example of FSA-217

The following is an example of a completed FSA-217.

\*\_

This form is available electronically.  FSA-217  U.S. DEPARTMENT OF AGRICULTURE	1A.	County FSA Office Nan	(See Page 2 for Definitions.) ne and Address
(01-20-10) Farm Service Agency	(Including Zip Code)  Jefferson County FSA Office		
SOCIALLY DISADVANTAGED, LIMITED RESOURCE AND BEGINNING FARMER OR RANCHER CERTIFICATION	209 East Third Avenue Ranson, WV 25438		
	1B.	Telephone No. (Area Co	.
(See Page 2 for Privacy Act.)  2. Applicant's Name and Address		304-725-3471	2008
2. / ppiloanto riamo ana / talioco		INSTR	UCTIONS:
		Complete Parts A. E	B, C and/or Part D as
Chris Hunt PO Box 10		applicable. Read th	e information relating
Harpers Ferry, WV 25425			below Part D. Return ress in Item 1 above.
INFORMATION: If a legal entity requests to be considered a "so "beginning" farmer or rancher, at least 50 perce individual capacities meet the definition as prov	nt o	f the persons in the e	entity must in their
includes; "owners", "operators" and "other pro	duce	ers".	
PART A – CERTIFICATION OF SOCIALLY DISADVANTAGED FARMER OR 3. I certify that the following is true by checking the box below:	RAN	CHER (2003 Act – Inclu	des Gender)
I am a member (or if applicable, members) of a group whos	e me	mbers have been subje	ect to racial, ethnic, or
gender prejudice because of their identity as members of a	group	without regard to their	ir individual qualities.
PART B – CERTIFICATION OF SOCIALLY DISADVANTAGED FARMER OR  4. I certify that the following is true by checking the box below:	RAN	CHER (1990 Act – Excli	ides Gender)
I am a member (or if applicable, members) of a group whos	e me	mbers have been subje	ect to racial or ethnic
prejudice because of their identity as members of a group w	ithou	it regard to their indivi	dual qualities.
Note: Food, Agriculture, Conservation and Trade Act of 1990 (in		es racial, ethnic, but no	ot 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 t sales limit is subject to change to adjust for inflation using pagricultural Statistics Service (NASS).			
AND:			
My/our total household income is at or below the national p	over	ty level for a family of	4. or less than 50
percent of county median household income in both the pre annually using Commerce Department data.			
Note:  A limited resource farmer or rancher status may be determined Resource Farmer and Rancher Online Self-Determination I			
PART D – CERTIFICATION OF BEGINNING FARMER OR RANCHER  6. I certify that the following statements are true by checking the appr	ropri	ate hoves helow:	
a. I (or if applicable, the entity or joint operation) have not	_		r more than 10 years.
■ b. I (or if applicable, the entity or joint operation) substantia	ally p	participates in the opera	ation.
c. I (or if applicable, the entity or joint operation) began far	ming	r in Apr	il/2007
			mth/Year)
PENALTY FOR FALSE CERTIFICATION:  Evidence that may be required to validate certification may include tax records, provides the information required. The penalty for false certification is loss of all was made.			
7A. Applicant's Signature (By) 7B. Title/Relationship o			7C. Date (MM-DD-YYYY)
/s/ Chris Hunt	- cap	auty	01-21-2010

## 950 Certification Policy (Continued)

## **D** Example of FSA-217 (Continued)

\*\_\_

FSA-217 (01-20-10) Page 2

#### **Definitions:**

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

A <u>socially disadvantaged farmer or rancher</u> is a farmer or rancher who is a member of a group whose members have 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 <u>socially disadvantaged farmer or rancher</u> is a farmer or rancher who is a member of a group whose members have been subject to racial or ethnic prejudice because of their identity as members of a group without regard to their individual qualities. Groups include: American Indians or Alaskan Natives, Asians or Asian Americans, Blacks or African Americans, Native Hawaiians or other Pacific Islanders, and Hispanics.

Note: This definition is applicable to all programs except Direct and Counter-Cyclical Payment Program (DCP) or Average Crop Revenue Election Program (ACRE).

#### C. Limited Resource Farmer or Rancher:

A <u>limited resource farmer or rancher</u> is a farmer or rancher that meets the criteria for both of the following:

- The farmer or rancher directly or indirectly has gross farm sales not more than \$100,000 in both of the previous 2 years to be increased starting in FY 2004 to adjust for inflation using price paid by farmer index as compacted by NASS.
- The farmer or rancher has a total household income at or below the national poverty level for a family of 4, or less than 50 percent of county median household income in both the previous 2 years, to be determined annually using Commerce Department data.

A limited resource farmer or rancher status may be determined by using the web site for USDA Limited Resource Farmer and Rancher Online Self-determination Tool located at <a href="http://www.lrftol.sc.egov.usda.gov/.--">http://www.lrftol.sc.egov.usda.gov/.--</a>

#### 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 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".

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.

.\_\*

		·

# Reports, Forms, Abbreviations, and Redelegations of Authority

# Reports

None

## **Forms**

This table lists all forms referenced in this handbook.

		Display	
Number	Title	Reference	Reference
AD-1026	Highly Erodible Land Conservation (HELC) and		750, 753
	Wetland Conservation (WC) Certification		
AD-2017	Service Center Information Management System	Ex. 11.4	141, Ex. 2
	(SCIMS) Access Form		
AD-2047	Customer Data Worksheet Request for SCIMS	198	
	Record Change (For Internal Use Only)		
CCC-10	Representations for Commodity Credit Corporation		177
	or Farm Service Agency Loans and Authorization to		
	File a Financing Statement and Related Documents		
CCC-36	Assignment of Payment		211, 934
CCC-37	Joint Payment Authorization		211, 934
CCC-64	Surety Bond (Minor)	677	
CCC-184 <u>1</u> /	CCC Check		679, 779
CCC-501A	Member's Information		753
CCC-502	Farm Operating Plan for Payment Eligibility Review		753
CCC-509	Direct and Counter-Cyclical Program Contract		709, 710
CCC-526	Payment Eligibility Average Adjusted Gross Income		72, 753,
	Certification		Ex. 51
CCC-605	Designation of Agent - Cotton		728, 731,
			Ex. 51
CCC-901	Members Information 2009 and Subsequent Years		707-711,
			713,
			Ex. 51
CCC-902E	Farm Operating Plan for an Entity 2009 and		707-711,
	Subsequent Program Years		713,
			Ex. 51
CCC-1099-G	Report of Payments to Producers		276
CRP-1	Conservation Reserve Program Contract		211

 $<sup>\</sup>underline{1}$ / CCC-184 is obsolete.

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

# **Forms (Continued)**

NT 1	TOTAL .	Display	D. C
Number	Title	Reference	Reference
FFAS-12	Electronic Funds Transfer (EFT) Hardship Waiver Request		728
FSA-155	Request for Farm Reconstitution		Ex. 51
FSA-179	Transfer of Farm Records Between Counties		Ex. 51
FSA-211	Power of Attorney	Ex. 60	Part 25, 178, 709, Ex. 2, 51
FSA-211-1 1/	Down of Attornov for Husband and Wife		728
FSA-211-1 <u>1</u> / FSA-211A	Power of Attorney for Husband and Wife	Ex. 60	707, 728
FSA-211A FSA-217	Power of Attorney Signature Continuation Sheet Socially Disadvantaged, Limited Resource and Beginning Farmer or Rancher Certification	950	707, 728
FSA-325	Application for Payment of Amounts Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent	779	
FSA-570	Waiver of Eligibility for Emergency Assistance	802	801
FSA-2001	Request for Direct Loan Assistance		177
FSA-2301	Request For Youth Loan		177
I-151	Alien Registration Receipt Card		178, 932
I-551	Alien Registration Receipt Card		178, 932
IRS 1099- MISC	Miscellaneous Income		122
SF-256	Self-Identification of Handicap	Ex. 13	179
SF-1055	Claim Against the United States for Amounts Due in the Case of a Deceased Creditor	780	
SF-1199A	Direct Deposit Sign-Up Form		728
SF-3881	ACH Vendor/Miscellaneous Payment Enrollment Form		728
UCC-1	UCC Financing Statement		681
UCC-1F	Effective Financing Statement		681
W-7	Application for IRS Individual Taxpayer Identification Number		127

 $<sup>\</sup>underline{1}$ / FSA-211-1 is obsolete.

#### **Definitions of Terms Used in This Handbook**

#### Administrator

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

## Agent

An <u>agent</u> is an individual authorized by the producer to act for him or her using his or her own discretion to transact business for the producer.

#### **Affidavit**

An <u>affidavit</u> is a written declaration or statement of facts confirmed by the oath or affirmation of the party making the declaration or statement of fact.

**Note:** It is not an instrument that is used to convey authority upon an individual or entity, which is the reason why it was no longer considered as acceptable evidence for signature authority as of July 20, 2004. Affidavits filed after July 18, 2001, must be witnessed by an FSA employee or notarized to be considered acceptable.

#### **Authorized User**

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

## **Beginning Farmer or Rancher**

A <u>beginning farmer or rancher</u> is an individual or entity for which **both** of the following are true:

- the farmer or rancher or entity has **not** operated a farm or ranch for more than 10 years
- the farmer or rancher substantially participates in the operation.

\*--Note: If a legal entity requests to be considered a "beginning" farmer or rancher, at least 50 percent of the persons in the entity must in their individual capacities meet the definition.--\*

### Conservator

A <u>conservator</u> is an individual appointed by the court to manage the affairs of an incompetent.

### **Definitions of Terms Used in This Handbook (Continued)**

## **County**

The term 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**

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

#### Executor

An <u>executor</u> is an individual named in the deceased's will to administer assets and liabilities of the estate.

## **Facsimile Signature**

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

## **FAXed Signature**

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

### **Foreign Entity**

A <u>foreign entity</u> is a corporation, trust, estate, or other similar organization, that has more than 10 percent of its beneficial interest held by individuals who are not:

- citizens of the United States
- lawful aliens possessing a valid Alien Registration Receipt Card (Form I-551 or I-151).

#### Guardian

A guardian is an individual who legally is responsible for the care of a minor, estate, or both.

### **Definitions of Terms Used in This Handbook (Continued)**

#### Limited Resource Farmer or Rancher

A <u>limited resource farmer or rancher</u> is a farmer or rancher that meets the criteria for **both** of the following:

- the farmer or rancher directly or indirectly has gross farm sales not more than \$100,000 in both of the previous 2 years to be increased starting in FY 2004 to adjust for inflation using price paid by farmer index as compacted by NASS
- the farmer or rancher has a total household income at or below the national poverty level for a family of 4, or less than 50 percent of county median household income in both the previous 2 years, to be determined annually using Commerce Department data.

A limited resource farmer or rancher status may be determined by using the web site for USDA Limited Resource Farmer and Rancher Online Self Determination Tool located at <a href="http://www.lrftool.sc.egov.usda.gov/">http://www.lrftool.sc.egov.usda.gov/</a>.

\*--Note: If a legal entity requests to be considered a "limited resource" farmer or rancher, at least 50 percent of the persons in the entity must in their individual capacities meet the definition.--\*

## Linkage

<u>Linkage</u> is a requirement that producers obtain at least the catastrophic level of insurance for each crop of economic significance grown on each farm in the county in which the producer has an interest, if insurance is available in the county for the crop, to be eligible for certain USDA benefits.

## Manager

A <u>manager</u> is an individual chosen or appointed to manage, direct, and administer the affairs of another individual corporation.

### **Power of Attorney**

A power of attorney is either of the following:

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

## Resolution

A <u>resolution</u> is a determination of policy of a corporation by the vote of its board of directors bearing the signature(s) of the corporate secretary and/or other authorized officers, as applicable.

### **Definitions of Terms Used in This Handbook (Continued)**

## **Scanned Signature**

A <u>scanned signature</u> is a signature received on forms and documents which have been electronically scanned and submitted to Service Center via an attachment to an e-mail or the Internet.

## Socially Disadvantaged Farmer or Rancher Except DCP

A <u>socially disadvantaged farmer or rancher except DCP</u>, is a farmer or rancher who is a member of a group whose members have been subject to racial or ethnic prejudice because of their

\*--identity as members of a group without regard to their individual qualities. Groups include American Indians or Alaskan Natives, Asians or Asian Americans, Blacks or African Americans, Native Hawaiians or other Pacific Islanders, and Hispanics.--\*

**Note:** This definition is applicable to all programs **except** DCP.

## Socially Disadvantaged Farmer or Rancher for DCP

A <u>socially disadvantaged farmer or rancher for DCP</u>, is a farmer or rancher who is a member of a group whose members have been subject to racial, ethnic, or **gender** prejudice because of their

\*--identity as members of a group without regard to their individual qualities. Groups include American Indians or Alaskan Natives, Asians or Asian Americans, Blacks or African Americans, Native Hawaiians or other Pacific Islanders, Hispanics, and gender.

**Notes:** This definition, which includes gender as a prejudice, is applicable to **only** DCP.

If a legal entity requests to be considered a "socially disadvantaged" farmer or rancher, at least 50 percent of the persons in the entity must in their individual capacities meet the definition.--\*

#### **Trustee**

A t<u>rustee</u> is an appointed individual entrusted with another's property, such as in bankruptcy cases.