

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

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

Amendment 60

Approved by: Deputy Administrator, Farm Programs



Amendment Transmittal

A Reasons for Amendment

Subparagraphs 177 B and 178 B have been amended to update the instructions for setting the receive Electronic Mail Indicator in SCIMS.

Paragraph 198 has been amended to update AD-2047, Part A and the instructions.

Exhibit 11.5 has been amended to provide instructions for accessing the Information Security Office, State SCIMS Security Officers and Backups share point web site.

Exhibit 60 has been amended to update procedure for employees qualified to witness FSA-211.

Page Control Chart		
TC	Text	Exhibit
	7-51, 7-52	1, pages 1, 2
	7-59, 7-60	11.5, page 1
	7- 60.5, 7-60.6 (add)	page 2 (remove)
	7-61, 7-62	pages 3, 4 (remove)
	7-62.3, 7-62.4	page 5 (remove)
	7-113 through 7-118	60, pages 3, 4

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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • "Customer Declared" indicates verbal information directly from the customer or submission by the customer on a standard disclosure form <p>*--Note: See paragraph 199.--*</p> <ul style="list-style-type: none"> • "Employee Declared" indicates an unsubstantiated judgment or information obtained through a third party.
Citizenship Country	X	The citizenship of the customer: <ul style="list-style-type: none"> • defaults to "United States" • may be changed by selecting a country from the drop-down menu.
Veteran		The veteran status of the customer: <ul style="list-style-type: none"> • defaults to "Unknown or N/A" • may be changed by selecting from the drop-down menu. <p>Note: An entry of "Y" or "N" is required for FLP customers.</p>

177 Entering Customer Core Data for an Individual (Continued)

B Entering Additional Customer Data (Continued)

Field	Required	Valid Entry
Receive Mail Indicators		<p>The receive mail indicators:</p> <ul style="list-style-type: none"> • default to blank •*--shall be checked according to the following, if item: <ul style="list-style-type: none"> • 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, check “Electronically” option, and ensure that the e-mail address is recorded according to subparagraph 179 F • 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. <p>Notes: Sensitive e-mail includes, but is not limited to, FSA-476DCP, FSA-156EZ, etc.</p> <p>The “Receive Mail Indicators”, “Electronically” option applies only to FSA programs.--*</p>
Limited Resource Producer		<p>To indicate the limited resource producer status, use the drop-down menu to select 1 of the following:</p> <ul style="list-style-type: none"> • “Yes” • “No” (default) • “Unknown”. <p>Note: See Exhibit 2 for definition of “limited resource producer” before updating this field.</p>

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: <ul style="list-style-type: none"> • revocable trust • limited liability company.
Business Prior1		The user cannot update. <p>Note: The Business Prior 1 is updated each year at rollover with the previous year’s value.</p>
Business Prior2		The user cannot update. <p>Note: The Business Prior 2 is updated each year at rollover with the Business Prior 1 value.</p>
Gender		Indicate the business owner’s gender by using the drop-down menu to select 1 of the following: <ul style="list-style-type: none"> • “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: <ul style="list-style-type: none"> • “Customer Declared” indicates verbal information directly from the customer or submission by the customer on a standard disclosure form <p>*--Note: See paragraph 199.--*</p> <ul style="list-style-type: none"> • “Employee Declared” indicates an unsubstantiated judgment or information obtained through a third party. <p>Note: The Determination Code is a required entry if “Gender” is entered.</p>

178 Entering Customer Core Data for a Business (Continued)

B Entering Additional Business Data (Continued)

Field	Required	Valid Entry
Receive Mail Indicators		<p>The receive mail indicators:</p> <ul style="list-style-type: none"> • default to blank •*--shall be checked according to the following, if item: <ul style="list-style-type: none"> • 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, check “Electronically” option, and ensure that the e-mail address is recorded according to subparagraph 179 F • 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. <p>Notes: Sensitive e-mail includes, but is not limited to, FSA-476DCP, FSA-156EZ, etc.</p> <p>The “Receive Mail Indicators”, “Electronically” option applies only to FSA programs.</p> <p>Must be left blank for CMA or LSA.--*</p>

178 Entering Customer Core Data for a Business (Continued)

B Entering Additional Business Data (Continued)

Field	Required	Valid Entry
Voting District	X	<p>To indicate the congressional district of where the majority of the business' farming interests are situated:</p> <ul style="list-style-type: none"> • select a State from the drop-down menu • enter the 2-digit voting district. <p>To determine the 2-digit voting district, access http://www.house.gov/writerep. Enter the applicable State and ZIP Code.</p> <p>Note: Voting district is an optional entry for the following business types:</p> <ul style="list-style-type: none"> • business with “originating country” other than U.S. • news media • public body • other.
Limited Resource Producer		<p>To indicate the limited resource producer status, use the drop-down menu to select 1 of the following:</p> <ul style="list-style-type: none"> • “Yes” • “No” (default) • “Unknown”. <p>Note: See Exhibit 2 for definition of “limited resource producer” before updating this field.</p>
Originating Country		<p>The country of origin for the foreign entity:</p> <ul style="list-style-type: none"> • defaults to “United States” • may be changed by selecting a country from the drop-down menu. <p>Note: A <u>foreign entity</u> is a corporation, trust, estate, or other similar organization, that has more than 10 percent of its beneficial interest held by individuals who are not:</p> <ul style="list-style-type: none"> • 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		<p>To indicate activity status of customer, use the drop-down menu to select either of the following:</p> <ul style="list-style-type: none"> • “active record” • “inactive record”. <p>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.</p> <p>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”.</p> <p>SCIMS customers may only be inactivated by FSA State SCIMS Security Officers.</p> <p>Important: Before inactivating a record, it must be determined that the customer:</p> <ul style="list-style-type: none"> • 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 <p>Note: FLP customers shall never be inactivated.</p> <ul style="list-style-type: none"> • is not an NRCS customer with outstanding payments or active contracts <p>Note: County Offices need to coordinate any updates in SCIMS for NRCS customers with NRCS before making changes.</p> <ul style="list-style-type: none"> • 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. <p>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.</p>

178 Entering Customer Core Data for a Business (Continued)

B Entering Additional Business Data (Continued)

Field	Required	Valid Entry
Ethnicity		<p>To indicate the business owner’s ethnicity, use the drop-down menu to select either of the following:</p> <ul style="list-style-type: none"> • “Hispanic or Latino” • “Not Hispanic or Latino”.
Ethnicity Determination Code		<p>To indicate how the ethnicity of the customer was determined, use the drop-down menu to select either of the following:</p> <ul style="list-style-type: none"> • “Customer Declared” indicates verbal information directly from the customer or submission by the customer on a standard disclosure form <p>Note: See paragraph 199.</p> <ul style="list-style-type: none"> • “Employee Declared” indicates an unsubstantiated judgment or information obtained through a third party. <p>Note: The determination code:</p> <ul style="list-style-type: none"> • 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.--*

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: <ul style="list-style-type: none"> • 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 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.

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: <ul style="list-style-type: none"> • change of address notification from customer or USPS • "911" county-wide address changes 	attach copy of data source to AD-2047. Only Part A, items 1A and Part B shall be completed (requester's signature is not required).

***--Note:** If item 4 C is checked "Yes", the customer is agreeing to receive sensitive e-mails from FSA.--*

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.

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This form is available electronically.		Form Approved – OMB No. 0560-0265	
AD-2047 (10-24-13)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency Rural Development Natural Resources Conservation Service	
CUSTOMER DATA WORKSHEET REQUEST FOR SCIMS RECORD CHANGE (FOR INTERNAL USE ONLY)			
<i>(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)</i>			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO	4B. Does the customer want to receive e-mails via GovDelivery? <input type="checkbox"/> YES <input type="checkbox"/> NO	4C. Does the customer want to receive Sensitive Producer or Farm Specific related emails? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Producer is Customer of One or More of the Following Agencies. (Check Appropriate Agency(ies) below.) <input type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input type="checkbox"/> Not Participating			
6. Is the Customer a Multi-County Producer? <input type="checkbox"/> YES (If "YES," list States and/or Counties below.) <input type="checkbox"/> NO			
7. Reason for Request (Check appropriate box(es) below): <input type="checkbox"/> New Producer <input type="checkbox"/> Address Change <input type="checkbox"/> Telephone Change <input type="checkbox"/> Sale/Purchase <input type="checkbox"/> Life Event <input type="checkbox"/> 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) <input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> 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: <input type="checkbox"/> Office Visit <input type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> USPS <input type="checkbox"/> Other (Specify):			
11. Remarks if Applicable:			
12A. Signature of Employee Updating SCIMS if not initialed in Item 9B.		12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY)	
FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE ONLY. (OPTIONAL)			
13A. I concur/do not concur the above items have been properly updated. <input type="checkbox"/> Concur <input type="checkbox"/> 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)	

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198 Documenting Customer Data Changes in SCIMS (Continued)

C Example of AD-2047 (Continued)

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AD-2047 (10-24-13)	Page 2 of 3
<p>NOTE: <i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p>	
<p><i>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).</i></p> <p><i>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.</i></p>	

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198 Documenting Customer Data Changes in SCIMS (Continued)

C Example of AD-2047 (Continued)

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AD-2047 (10-24-13)		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 SCIMS.	
12B	Enter the date (MM-DD-YYYY) the Service Center employee updated SCIMS.	
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).	

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***--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.

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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 (HELIC) 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-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 <u>2/</u>	Power of Attorney for Husband and Wife		728
FSA-211A	Power of Attorney Signature Continuation Sheet	Ex. 60	707, 728
FSA-217	Socially Disadvantaged, Limited Resource and Beginning Farmer or Rancher Certification	950	
FSA-325	Application for Payment of Amounts Due Persons Who Have Died, Disappeared, or Have Been Declared 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.

SCIMS Security Officers

A National SCIMS Security Officers

Agency	Name
FSA	Lisa Berry
NRCS	Leroy Hall
RD	Vacant

B State SCIMS Security Officers

--State SCIMS Security Officers are listed on the Information Security Office, State SCIMS Security Officers and Backups share point web site. The web site may be accessed at <https://fsa.sc.egov.usda.gov/mgr/iso/public/Lists/State%20SCIMS%20Security%20Officers%20%20FSA%20Backups/AllItems.aspx>--

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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)	<p>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.</p> <p>Notes: In general, a notary public's certification must include:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
9 A-C	<p>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.</p> <p>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.</p> <p>*--Note: COC members cannot witness signatures on FSA-211. COC members are considered FSA officials and not FSA employees.--*</p>
10 (a)-(e)	<p>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.</p> <p>Note: FSA-211 is effective only when all the following are met:</p> <ul style="list-style-type: none"> • 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.

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Item Number/ Section	Instructions
	<p>FSA-211A shall be used only when all of the following are met:</p> <ul style="list-style-type: none"> • 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. <p>Number each continuation sheet consecutively.</p> <p>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.</p> <p>Important: All continuation sheets must be attached to applicable FSA-211.</p>
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	<p>At least 1 FSA employee must witness the grantor’s signature.</p> <p>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.</p> <p>Grantor’s signature may be notarized instead of witnessed by an FSA employee.</p>
3, 4, 5, 6, 7 F	<p>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.</p> <p>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.</p> <p>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.</p>

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