FSA
HANDBOOK

Reimbursement Transportation Cost Payment Program for Geographically Disadvantaged Farmers and Ranchers

To access the transmittal page click on the short reference.

For All FSA Offices Except
APFO and KCCO

SHORT REFERENCE

2-SP

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

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Reimbursement Transportation Cost Payment Program for Geographically Disadvantaged Farmers and Ranchers **2-SP**	**Amendment 2**

Approved: Acting Deputy Administrator, Farm Programs

Amendment Transmittal

A Reasons for Amendment

Subparagraph 12 A has been amended to include the relevant AGI period for FY 2011.

Subparagraph 21 B has been amended to include a specific county in the example because percentages of allowances vary in Hawaii.

Subparagraph 32 C has been amended to correct the date for changing and modifying FSA-218.

Subparagraphs 35 B and E have been amended to change the date for submitting supporting documentation.

Exhibit 6 has been amended to correct the COLA rate percentages for the following:

- Guam
- Puerto Rico
- U.S. Virgin Islands.

Page Control Chart		
TC	**Text**	**Exhibit**
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Part 1 Basic Program Provisions

1 Handbook Purpose, Availability, and Restrictions

A Purpose

This handbook provides general instructions for administering the RTCP Program for geographically disadvantaged farmers and ranchers.

B RTCP Program Availability

The RTCP Program is available to geographically disadvantaged farmers and ranchers in Alaska, Hawaii, and insular areas who paid to transport either of the following:

- an agricultural commodity
- an input used to produce an agricultural commodity.

C Restrictions

STC's and COC's, and representatives and employees thereof, do **not** have the authority to modify or waive any of the provisions of this handbook unless authorized by DAFP.

2 Sources of Authority and Related References

A Source of Authority

The source of authority for RTCP Program is the Food, Conservation, and Energy Act of 2008, Section 1621 (Pub. L. 110-246). RTCP funding has been authorized according to the following:

- Agriculture, Rural Development, Food and Drug Administration, Section 741, and Related Agencies Appropriations Act of 2010 (Pub. L. 111-80) for FY 2010

- Department of Defense and Full-Year Continuing Appropriations Act of 2011 (Pub. L. 112-10), Section 1291 for FY 2011.

B RTCP Program Duration

The RTCP Program is authorized through September 30, 2012, subject to the availability of appropriated funds.

Note: No funding was appropriated for the RTCP Program for FY's 2008 and 2009; therefore, transportation costs in FY's 2008 and 2009 are **not** eligible for reimbursement.

C Federal Regulations

Regulations governing the administration of the RTCP Program are provided in 7 CFR Part 755.

D Related Handbooks

Handbooks related to the RTCP Program include the following.

Purpose	Handbook
AGI and foreign person provisions.	4-PL
Appeals.	1-APP
Assignments and joint payments.	63-FI
Foreign person provisions.	1-PL
HELC/WC provisions.	6-CP
Issuing payments.	1-FI
Misaction, misinformation, or equitable relief.	7-CP
Offsets.	58-FI
Prompt payment provisions or foreign person tax withholding.	61-FI
Reporting to IRS.	62-FI
Scheme, device, or failure to fully comply.	7-CP
Signatures, estates, trusts, minors, or powers of attorney.	1-CM
Common Payment System	9-CM

3 Administration and Responsibilities

A Program Administration

Administered under the general supervision of DAFP, through PSD, FSA has the primary responsibility, through STC's and COC's, for administering the RTCP Program.

B STC Responsibilities

STC's shall:

- supervise and monitor the RTCP Program to ensure that policies and procedures authorized in this handbook are being uniformly followed by County Offices
- take any action required by this handbook that has not been taken by COC
- correct, or require COC to correct, any action taken by COC that is not authorized according to this handbook.

C COC Responsibilities

COC's shall:

- administer the RTCP Program at the county level through CED under STC supervision
- inform producers about the eligibility requirements for RTCP benefits
- complete and review applicable RTCP Program forms for completeness and accuracy
- approve or disapprove requests for RTCP Program benefits according to this handbook
- determine whether the submitted production documentation provides the required information needed for the appropriate RTCP's.

Note: Except for RTCP requests in which CED has a monetary interest, COC may delegate the authority to approve or disapprove FSA-218's, and any other RTCP Program documents, to CED.

3 Administration and Responsibilities (Continued)

D CED Responsibilities

CED's shall:

- carryout the day-to-day operations of the RTCP Program according to COC's determinations and this handbook

- approve or disapprove FSA-218's, if delegated by COC.

Note: Except for RTCP requests in which the person approving has a monetary interest, CED may delegate the authority to approve or disapprove FSA-218's, and any other RTCP Program documents, to Federal and non-Federal County Office employees.

E Nondiscrimination Responsibilities

STC or COC shall **not**, on the basis of race, color, age, sex, national origin, disability, religion, or marital status, bar any producer from participation in, or otherwise subject any producer to discrimination with respect to any benefits resulting from its approval to participate in the RTCP Program.

F Outreach Responsibilities

STC and COC shall ensure that RTCP Program information and awareness is communicated to underrepresented individuals, groups, and communities. Underrepresented individuals, groups, and communities, may include, but are **not** limited to minority farmers and ranchers in insular areas.

4-10 Reserved

Part 2 Eligibility Requirements

11 RTCP Program Eligibility

A Eligible Producers

Producers eligible for the RTCP Program include geographically disadvantaged farmers and ranchers in Alaska, Hawaii, or an insular area who transported an agricultural commodity, or inputs used to produce an agricultural commodity during the FY. This includes geographically disadvantaged farmers and ranchers located in the following areas:

- Alaska
- American Samoa
- Commonwealth of Puerto Rico
- Commonwealth of the Northern Mariana Islands
- Federated States of Micronesia
- Guam
- Hawaii
- Republic of the Marshall Islands
- Republic of Palau
- Virgin Island of the U.S.

B Eligible Commodities

Any of the following agricultural commodities are eligible for the RTCP Program for geographically disadvantaged farmers and ranchers:

- aquaculture
- feed
- fiber
- floriculture
- food
- horticulture, including trees
- insects, or products thereof
- livestock, including elk, reindeer, bison, horses, and deer.

11 RTCP Program Eligibility (Continued)

C Eligibility Requirements

To be eligible for RTCP Program benefits, producers must:

- be a geographically disadvantaged farmer or rancher producing and marketing, including the transportation of an agricultural commodity, in an approved area
- submit FSA-218 during the specified period applicable for each FY (paragraph 32)
- provide proof of the amount of costs incurred for the transportation of the agricultural commodity and/or input
- not have nonfarm average AGI that exceeds $500,000 according to subparagraph 12 A
- certify compliance with HELC and WC provisions, according to subparagraph 12 B
- not be convicted under Federal or State law of a controlled substance violation, according to 1-CM
- be a citizen of or a legal resident alien of the U.S. according to 7 CFR Part 1400 for foreign persons.

D Eligible Input Transportation Costs

Transportation costs; such as, air freight, ocean freight, and land freight, are eligible for reimbursement if such transportation method was used to transport any of the following inputs used to produce an agricultural commodity, including, but **not** limited to:

- chemicals
- equipment parts
- feed
- fertilizer
- fuel
- plants
- seeds
- supplies
- other inputs as determined by FSA.

11 RTCP Program Eligibility (Continued)

E Eligible Entities

An eligible producer under the RTCP Program must share in the risk of producing an agricultural commodity in substantial commercial quantities and be entitled to a share of the agricultural commodity from the agricultural operation. An eligible producer may include any of the following entities engaged in an agricultural operation:

- individual or group of individuals who are citizens of, or legal resident aliens in, the U.S.

- association, cooperative, corporation, estate, partnership, trust, or other business enterprise or other legal entity whose members are a citizen of, or legal resident alien in, the U.S.

F Eligible Agricultural Operation

An eligible agricultural operation for RTCP Program purposes is as follows:

- a parcel or parcels of land; or body of water applicable to aquaculture, whether contiguous or noncontiguous, constituting a cohesive management unit for agricultural purposes

- located in a county in which the principal dwelling is situated, or if there is no dwelling thereon, it will be regarded to be in the county in which the major portion of the land or applicable body of water is located.

12 RTCP Program Eligibility Provisions

A AGI

Producers who certify on CCC-926 that their nonfarm average AGI exceeds $500,000 are ineligible for RTCP Program benefits. The relevant periods for determining nonfarm ***--**average AGI are as follows:

- calendar years 2006 through 2008 for FY 2010
- calendar years 2007 through 2009 for FY 2011.**--***

Note: See 4-PL for guidance.

B HELC/WC Provisions

Eligible producers must comply with HELC/WC provisions according to 7 CFR Part 12. If not already completed and on file in the FSA County Office, then producers applying for benefits must certify compliance on AD-1026 **before** RTCP's are issued. See 6-CP for guidance.

C Foreign Person Provisions

Foreign persons legally admitted in the U.S., and in an eligible agricultural operation in an eligible area, are eligible to receive RTCP Program benefits, if they meet the eligibility requirements of paragraph 11 and:

- 7 CFR Part 1400
- 1-PL, Part 3.

See 62-FI, Part 5, for tax reporting guidelines when RTCP's are made to producers that are nonresident aliens.

13 RTCP Program Ineligibility Provisions

A States and Political Subdivisions, and Agencies Thereof

States and political subdivisions, and agencies thereof, are **not** eligible for RTCP Program benefits. These provisions include, but are **not** limited to, State universities and prisons.

B Commercial Fishermen

Commercial fishermen are not considered farmers or ranchers and; therefore**,** are **not** eligible for reimbursement under the RTCP Program.

C Multiple Producers

Multiple producers, such as the buyer and seller of a commodity, are **not** eligible for RTCP for the same eligible transportation costs.

Example: A producer of hay and a livestock operation that buys the hay.

However, if the multiple producers agree otherwise, only the last buyer will be eligible for RTCP.

14-20 Reserved

Part 3 Computing RTCP's

21 RTCP Program Payment Provisions

A Funding

Funding has been made available to producers under the RTCP Program for reimbursement of transportation costs according to the following table.

FY	RTCP Program	Appropriated Funding
2010	RTCP-I	$2,600,000
2011	RTCP-II	$1,996,000 **1/**

1/ After 0.20 percent across-the-board rescission is applied.

Because the spending authority is limited to FY appropriated funding, less a reserve, if funds are not sufficient to cover all FY requests, RTCP's may be prorated by a National factor based on the amount of eligible transportation costs eligible for RTCP.

Although the RTCP Program was authorized for FY's 2008 through 2012, there was no appropriated funding for the RTCP Program for FY's 2008 and 2009. Funds were appropriated for FY 2010 and FY 2011 **only**.

B Basis of RTCP's

RTCP's will be:

- computed based on the amount of costs incurred by the producer for transportation of the agricultural commodity or inputs during a FY and multiplied by applicable percentage of COLA's for the applicable FY in the applicable area

  Note: See Exhibit 6 for the applicable COLA's.

  ***--Example:** Producer A incurred actual transportation costs in Hawaii for FY 2010 totaling $15,000. The FY 2010 percentage of allowance in Maui County--* Hawaii is 25 percent. $15,000 x 25 percent = $3,750. Producer A would receive direct reimbursement in the amount of $3,750.

- subject to $8,000 per applicant per FY

- subject to assignments, offsets, and withholdings

21 RTCP Program Payment Provisions (Continued)

B Basis of RTCP's (Continued)

- issued after the date announced for submitting supporting documentation and after all FSA-218's have been filed to determine if the funds available are sufficient to pay each applicant.

  Note: If funds are not sufficient to cover all requests, then a formula to prorate RTCP amounts will be necessary.

C Advance RTCP's

There will be **no** advance RTCP's issued under the RTCP Program.

D Assignments and Offsets

RTCP's are subject to assignment and offset.

E Direct Deposit Requirement

DCIA requires any recipient of Federal payments who becomes eligible for that payment after July 25, 1996, to receive the payment by EFT. All producers receiving benefits under the RTCP Program must file SF-3881 or retain SF-1199A according to 1-FI, Part 7.

Note: New ACH/Direct Deposit information shall be obtained on SF-3881 only. County Offices may retain prior SF-1199A.

F Accounting Codes

The RTCP Program accounting codes are:

- 10RTCP-2773, for FY 2010 (RTCP-I)
- 11RTCP-2785, for FY 2011 (RTCP-II).

22 RTCP Transportation Rates

A Types of Transportation Rates

Following are the types of transportation rates used to determine reimbursable amounts.

- **Actual** – Based on the actual costs incurred by the applicant and must be determined, in all cases, from verifiable records. No other type of transportation rate is permitted under this option for the same request.

- **Fixed** – Established by STC with DAFP concurrence and reflect transportation rates applicable to certain agricultural commodities and/or inputs used to produce the agricultural commodity. See Exhibit 2 for definition of fixed.

- **Set** – Established by STC with DAFP concurrence and reflect a percent of the total cost used to reflect the transportation cost incurred. This rate will only be used if the input does not have a fixed rate established or a breakdown of the transportation costs is not available. See Exhibit 2 for definition of set.

B Establishing Fixed and Set Transportation Cost Rates

The fixed and set transportation cost rates will be established by STC for each applicable FY. The State Offices for the eligible areas are Alaska, Florida, Hawaii, and Puerto Rico. Final approval of the fixed and set rates will be made by DAFP to ensure that rates are established in a fair and equitable manner. FSA will post the fixed and set transportation rates at the FSA State and County Offices for the applicable areas.

C Fixed Transportation Rate Sources

Sources that STC's will use to establish fixed transportation rates may include, but are **not** limited to:

- fares and rates posted by the Public Utilities Commission

- transportation rates posted by shipping companies

- surveys of plant nurseries and farm suppliers

- NASS data

- surveys from producers

- State and National studies that examine increased transportation costs in each applicable area

- comparison of average fuel prices within a particular area.

22 RTCP Transportation Rates (Continued)

D Establishing Set Transportation Cost Rates

STC's will establish a set rate for an agricultural commodity and/or input when a producer does business with companies that do not breakout specific transportation costs, but rather include the transportation cost in the price charged for the service or product.

Example 1: If a geographically disadvantaged producer buys fertilizer in bags at a local store and has a receipt for that input, but the store does not provide information on what percentage of the cost was for transportation, FSA will provide a set rate to the producer for the fertilizer.

Example 2: When geographically disadvantaged producers have eligible commodities and/or inputs shipped in from or to the contiguous U.S. and other countries, producers are eligible for reimbursement because of transportation costs they incurred **only**.

For example, Producer A receives a shipment of 100 head of cattle from California and sells 50 head of cattle to a local producer (Producer B); Producer A is entitled to receive transportation reimbursement for the 100 head of cattle. Producer B is also eligible to receive transportation reimbursement for any of the purchased 50 head of cattle that will be shipped to a buyer.

E Transportation Rates to Use

County Offices shall use the STC-established fixed or set transportation cost rate per unit of measure. Otherwise, if actual costs are provided, producers will receive the actual cost of transportation costs incurred per unit of measure.

23 STC Established Rates

A FSA-218-2

Fixed and set transportation cost rates established and approved by STC for eligible agricultural commodities and/or inputs must be submitted on FSA-218-2 (subparagraph C).

STC-approved fixed and set transportation cost rates must be submitted to Dani Cooke, PSD, by e-mail to **danielle.cook@wdc.usda.gov**, no later than 30 calendar days after the application period begins for the applicable FY, according to subparagraph 32 A.

B Instructions for Completing FSA-218-2

Complete FSA-218-2 according to the following table.

Item	Instruction
1	Enter applicable FY.
2	Enter name of the State or insular area.
Part A – Established Fixed Transportation Cost Rates	
3	Enter eligible commodity and/or input.
4	Enter unit of measure that corresponds with the eligible commodity and/or input indicated in item 3.
5	Enter fixed transportation cost rate established and approved by the STC that corresponds with the eligible commodity and/or input indicated in item 3.
6	Enter sources used to establish the STC approved fixed transportation rate indicated in item 5 and/or the percentage factor, if any, indicated in item 7, that corresponds with the eligible commodity and/or input indicated in item 3.
7	Enter percentage factor used, if any, to determine the fixed transportation cost rate that corresponds with the eligible commodity and/or input indicated in item 3.
Part B – Established Set Transportation Cost Rates	
8	Enter eligible commodity and/or input.
9	Enter unit of measure that corresponds with the eligible commodity and/or input indicated in item 8.
10	Enter set transportation cost rate established and approved by the STC that corresponds with the eligible commodity and/or input indicated in item 8.
11	Enter sources used to establish the STC approved set transportation rate indicated in item 10 and/or the percentage factor, if any, indicated in item 12, that corresponds with the eligible commodity and/or input indicated in item 8.
12	Enter percentage factor used, if any, to determine the set transportation cost rate that corresponds with the eligible commodity and/or input indicated in item 8.
Part C – Transportation Cost Rate Approval	
13	Enter STC approval date.
14	Enter name of the person completing FSA-218-2.
15	Enter title of the person completing FSA-218-2.
16	Enter date FSA-218 is completed.
17	Enter any pertinent remarks.

Note: Multiple FSA-218-2's may be submitted if additional entries are needed to support all applicable agricultural commodities and/or inputs for each rate category.

23 STC Established Rates (Continued)

C Example of FSA-218-2

The following is an example of FSA-218-2.

This form is available electronically.

FSA-218-2 (06-20-11)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

1. Fiscal Year

2. State Office/Insular Area

STATE COMMITTEE (STC) ESTABLISHED FIXED AND SET TRANSPORTATION COST RATE FOR REIMBURSEMENT TRANSPORTATION COST PAYMENT (RTCP) PROGRAM

PART A – FIXED TRANSPORTATION COST RATE

3. Eligible Commodity and/or Input	4. Unit of Measure	5. Fixed Rate	6. Sources Used to Calculate Fixed Rate	7. Percentage Factor Used *(If Any)*
		$		%
		$		%
		$		%
		$		%
		$		%
		$		%
		$		%
		$		%
		$		%

PART B – SET TRANSPORTATION COST RATE

8. Eligible Commodity and/or Input	9. Unit of Measure	10. Set Rate	11. Sources Used to Calculate Set Rate	12. Percentage Factor Used *(If Any)*
		$		%
		$		%
		$		%
		$		%
		$		%
		$		%
		$		%
		$		%
		$		%

PART C – TRANSPORTATION COST RATE APPROVAL

13. STC Approval Date (MM-DD-YYYY)	14. Prepared By	15. Title	16. Completion Date (MM-DD-YYYY)

17. Remarks

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, 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.

24-30 Reserved

Part 4 RTCP Application Process

31 Applying for RTCP Benefits

A Filing FSA-218's

Eligible producers must use FSA-218 to apply for RTCP benefits. All persons who share in the risk of transportation cost losses for the applicable FY must certify to the information on FSA-218 **before** being considered complete for review by FSA. More than one FSA-218 is **not** acceptable by the same producers during the eligible signup period.

B FSA-218 Availability

FSA-218 is available electronically at either of the following:

- Public eForms web site at **http://forms.sc.egov.usda.gov/**

- FFAS Employee Forms/Publications Online Website at **http://fsaintranet.sc.egov.usda.gov/dam/ffasforms/forms.html**.

FSA-218 may also be obtained from the County Office where the agricultural operation is physically located as follows:

- in person
- by FAX
- by mail
- by telephone.

FSA-218's must be completed correctly, signed, and returned to the applicable County Office by COB, on the deadline date for the applicable FY provided in subparagraph 32 A, to be considered eligible for RTCP benefits.

Note: Multi-county producers **must** return completed FSA-218's to their administrative County Office to apply for RTCP benefits.

32 Application Period

A Period for Accepting FSA-218's

Eligible applicants may file FSA-218 for benefits anytime during the application period for the applicable FY. Completed FSA-218's must be submitted to either the County Office where the agricultural operation is located or in the producer's administrative County Office. Established application periods are as follows:

- August 3, 2010, through September 10, 2010, for FY 2010 (RTCP-I)
- July 25, 2011, through September 9, 2011, for FY 2011 (RTCP-II).

For areas where FSA County Offices do **not** exist, FSA-218's may be submitted to the respective State Office.

B Late-Filed FSA-218's

Late-filed provisions will **not** apply to the RTCP Program. FSA-218's received after the deadline date will **not** be approved. This includes FAXed FSA-218's.

C Changing FSA-218's

Producers, who timely file FSA-218 on or before the application deadline provided in subparagraph A, may change or modify the information on FSA-218 on or before
--**November 4 of the applicable year, if supporting documentation cannot be provided. Any--**
changes to an already approved FSA-218 **must** be reviewed and approved by STC, COC, or designee.

33 Signup Provisions

A CCC-770 Eligibility

CCC-770 Eligibility shall be completed according to 3-PL for each producer **before** RTCP is approved.

B Signature Requirements

County Offices shall follow 1-CM for the following:

- producer's signature and authorization provisions
- persons signing FSA-218 in a representative or fiduciary capacity
- RTCP amounts due persons who have died, disappeared, or have been declared incompetent.

C Multiple Producers

If an operation consists of more than 1 producer:

- complete one FSA-218 for the entire operation
- include all producers who share in the operation on FSA-218
- obtain signatures of all producers in the operation on FSA-218 according to subparagraph B.

D Joint Ventures

For joint ventures without a permanent TIN, enter the joint venture name in FSA-218, item 6A on. Enter each individual member's TIN and share percentage data in FSA-218, Part F on. This ensures that RTCP's will be issued to each member's TIN.

34 RTCP Approval Process

A Approving FSA-218's

STC, COC, or designee, shall:

- be satisfied that all eligibility requirements provided in paragraph 11 have been met **before** approving FSA-218
- ensure that CCC-770 Eligibility is completed according to 3-PL for each producer **before** a producer's RTCP is approved
- ensure that FSA-218, production evidence, and any other supporting documentation that substantiates qualifying transportation cost losses to STC's, COC's, or designee's satisfaction have been received
- **not** approve any FSA-218 that was requested or received after COB on the deadline date for the applicable FY
- **not** approve FSA-218's for a joint venture unless all members of the joint venture or joint operation who have a respective share in the eligible transportation costs have signed FSA-218.

Note: If transportation cost losses are not certified to STC's, COC's, or designees, satisfaction, FSA-218 shall not be approved.

B Second Party Review

A second party review of FSA-218 **must** be made **before** STC, COC, or designee approves or disapproves FSA-218.

C Partial Approvals and Disapprovals

STC's, COC's, or designees may approve or disapprove portions of FSA-218. FSA-218's may be partially approved for reductions to transportation costs for disapproved portions. If FSA-218 is disapproved because all or a portion of the transportation costs do not meet RTCP-eligibility criteria, and during the appeal process the producer provides verifiable evidence that all or a portion of the transportation cost losses were the result of being geographically disadvantaged, STC, COC, or designee may approve FSA-218 according to the evidence provided.

35 RTCP Documentation

A Supporting Documentation

To be eligible for reimbursement of actual transportation costs, the producer must provide supporting documentation that substantiates the actual costs incurred for transportation of each eligible agricultural commodity and/or input. Producers will be required to certify on FSA-218 whether he/she have actual documentation.

B Deadline to Submit Supporting Documentation

Producers who request RTCP benefits for actual transportation cost rates **must** submit
--**supporting documentation to the State or County Office by COB November 4 following the applicable FY. If supporting documentation to support actual transportation costs is not received in the State or County Office on or before November 4 following the applicable**--
FY, the State or County Office will use the approved fixed or set rate established for the applicable agricultural commodity and/or input.

Producers who request RTCP benefits using either the fixed or set transportation cost rate must also submit supporting documentation to the State and County Office by COB
--**November 4 following the applicable FY.**--

C Compliance Checks

Since proof of eligible reimbursement costs incurred will be submitted when FSA-218 is submitted, no further compliance check will be necessary by the State or County Office.

D Documentation Exceeding $10,000

To alleviate some potential burden on the producer and FSA State and County Offices, supporting documentation exceeding a total of $10,000 in eligible reimbursement costs incurred per applicant will **not** be required. However, if the County Office determines at the conclusion of signup, based on the amount of applicants, that eligible reimbursable transportation costs do not meet State or County Office's expectations, those applicants must be contacted for the additional supporting documentation.

35 RTCP Documentation (Continued)

E Changing Transportation Cost Category

Producers, who originally submit FSA-218 for a fixed and/or set transportation cost category, can make changes to FSA-218 to request the actual transportation cost category, if supporting documentation to substantiate the actual costs incurred can be provided to the State or
--County Office by COB November 4 following the applicable FY. Any change made to--
the transportation cost category **must** be made in ink and initialed and dated by the producer.

F Verifiable Records

Eligible verifiable records supporting eligible actual, fixed, and set transportation costs include, but are **not** limited to:

- account statements
- bill of lading
- contractual agreements
- financial statements
- invoices
- retail sales receipts.

Verifiable records must show:

- name of producers, except on retail sales receipts
- commodity, unit (quantity), and unit of measure, or unit price
- type of inputs associated with transportation costs
- date of service/sale
- name of person or entity providing the service/sale, as applicable.

Note: Additional supporting documents may be requested from the producer, as necessary, to help STC or COC determine whether the quantity of inputs claimed is reasonable.

G Other Applicable Forms

The following forms are also required to apply for RTCP benefits:

- AD-1026, for HELC/WC compliance
- CCC-901, as applicable
- CCC-902I or CCC-902E
- CCC-926, for AGI compliance.

36 Completing FSA-218's

A Instructions for Completing FSA-218

Complete FSA-218 according to the following table.

Item	Instructions
1	STC, COC, or designee shall enter the applicable State code.
2	STC, COC, or designee shall enter the applicable county code. **Note:** If a county code is not available, ENTER "**00**", and in item 37, "remarks section", note that a county code is not available. Enter the applicable county code for the County Office where the agricultural operation is located, producer's administrative County Office, or for multi-county producers, the administrative County Office.
3	STC, COC, or designee shall enter the applicable FY.
4	STC, COC, or designee shall assign an application number.
5	STC, COC, or designee shall enter the applicable COLA according to Exhibit 6.
6A through 6C	Enter name, address, phone number, and e-mail address (optional) of the producer's operation.
7A through 7C	Enter name, address, phone number, and e-mail address (optional) of the contact producer.
Part A – Transportation Rates	
8	Producer must answer the question, "Do you have actual documentation?"
9	Producer must select the type of transportation costs. The producer may select a combination of costs.
Part B – Actual Transportation Costs	
10	Producer must provide an eligible agricultural commodity and/or input.
11	Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 10.
12	Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 10.
13	Producer must provide the actual cost paid per unit for the corresponding eligible agricultural commodity and/or input from item 10.
For FSA Use Only	
14	STC, COC, or designee shall multiply item 11 times item 13, and enter total.
15	STC, COC, or designee shall multiply item 14 times item 5, and enter total.
16	STC, COC, or designee shall total actual reimbursable amounts in item 15, and enter total.
Part C – Fixed Transportation Costs	
17	Producer must provide an eligible agricultural commodity and/or input.
18	Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 17.

36 Completing FSA-218's (Continued)

A Instructions for Completing FSA-218 (Continued)

Item	Instructions
19	Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 17.
For FSA Use Only	
20	STC, COC, or designee shall provide the approved fixed transportation cost rate per unit for the corresponding eligible agricultural commodity and/or input from item 17.
21	STC, COC, or designee shall multiply item 18 times item 20, and enter total.
22	STC, COC, or designee shall multiply item 21 times item 5, and enter total.
23	STC, COC, or designee shall total fixed reimbursable amounts in item 22, and enter total.
Part D – Set Transportation Costs	
24	Producer must provide an eligible agricultural commodity and/or input.
25	Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 24.
26	Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 24.
For FSA Use Only	
27	STC, COC, or designee shall provide the approved set transportation cost rate per unit for the corresponding eligible agricultural commodity and/or input from item 24. **Note:** If the set rate is DAFP-approved percentage, the approved rate **must** be calculated to a dollar value and entered in item 27. **Example:** A tractor starter costs $175. The DAFP-approved set rate percentage established for the State is 15 percent. Calculate $175 x 15 percent = $26.25 in item 27 as the approved rate.
28	STC, COC, or designee shall multiply item 25 times item 27, and enter total.
29	STC, COC, or designee shall multiply item 28 times item 5, and enter total.
30	STC, COC, or designee shall total set reimbursable amounts in item 29, and enter total.
Part E – Total Payment – For FSA Use Only	
31	STC, COC, or designee shall enter the total of all transportation costs from Parts B, C, and D. (Total of items 16, 23, 30, 44, 51, and 58). **Important:** The worksheet calculator will have a grand total at item 14 and the computed total for FSA-218, item 31 must be the same.
32	STC, COC, or designee shall enter the total from item 31, if less than $8,000. If greater than $8,000, ENTER, "**8,000**".
33	STC, COC, or designee shall enter factored amount, if applicable. **Note:** If a factor is needed, the factor will be determined after the end of signup and after all eligible transportation costs have been forwarded to the National Office PSD.

36 Completing FSA-218's (Continued)

A Instructions for Completing FSA-218 (Continued)

Item	Instructions
Part F – Producer Certification	
34A	Each producer that has a share in the transportation losses must sign FSA-218 after carefully reading the information in Part F.
34B	Each producer must provide title/relationship of the individual signing in the representative capacity.
34C	Each producer must enter the date FSA-218 was signed.
34D	Each producer must provide their corresponding share percentage of the transportation cost losses.
34E	Each producer must enter the last 4 digits of their TIN.
For FSA Use Only Part G – STC or COC Determination	
35A	STC, COC, or designee shall sign.
35B	Enter title of designee signing item 35A.
35C	Enter date STC, COC, or designee signed item 35A.
35D	The official signing item 35A shall check select the appropriate box to indicate, if FSA-218 is approved, disapproved, or partially approved.
35E	Enter name and address of the FSA State or County Office.
35F	Enter phone number, including area code, of the FSA State or County Office.
35G	Enter justification for disapproval/partial approval.
36A	Second party reviewer shall sign.
36B	Enter title of second party reviewer.
36C	Enter date the second party reviewer signed item 36A.
37	Enter any remarks that may be pertinent to any information entered on FSA-218.
Part B – Actual Transportation Costs (Continued from Page 1)	
38	Producer must provide an eligible agricultural commodity and/or input.
39	Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 38.
40	Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 38.
41	Producer must provide the actual cost paid per unit for the corresponding eligible agricultural commodity and/or input from item 38.
For FSA Use Only	
42	STC, COC, or designee shall multiply item 39 times item 41, and enter total.
43	STC, COC, or designee shall multiply item 42 times item 5, and enter total.
44	STC, COC, or designee shall total reimbursable amounts in item 43, and enter total.

36 Completing FSA-218's (Continued)

A Instructions for Completing FSA-218 (Continued)

Item	Instructions
Part C – Fixed Transportation Costs (Continued from Page 2)	
45	Producer must provide an eligible agricultural commodity and/or input.
46	Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 45.
47	Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 45.
For FSA Use Only	
48	STC, COC, or designee shall provide the approved fixed transportation cost rate per unit for the corresponding eligible agricultural commodity and/or input from item 45.
49	STC, COC, or designee shall multiply item 46 times item 48, and enter total.
50	STC, COC, or designee shall multiply item 49 times item 5, and enter total.
51	STC, COC, or designee shall total fixed reimbursable amounts in item 50, and enter total.
Part D – Set Transportation Costs (Continued from Page 2)	
52	Producer must provide an eligible agricultural commodity and/or input.
53	Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 52.
54	Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 52.
For FSA Use Only	
55	STC, COC, or designee shall provide the approved set transportation cost rate per unit for the corresponding eligible agricultural commodity and/or input from item 52.
56	STC, COC, or designee shall multiply item 52 times item 55, and enter total.
57	STC, COC, or designee shall multiply item 56 times item 5, and enter total.
58	STC, COC, or designee shall total set reimbursable amounts in item 57, and enter total.

Note: Additional pages may be added to FSA-218, as necessary, if agricultural commodities and/or inputs being claimed exceed the space provided.

36 Completing FSA-218's (Continued)

B Example of FSA-218

The following is an example of FSA-218.

This form is available electronically.

FSA-218
(08-03-10)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

REIMBURSEMENT TRANSPORTATION COST PAYMENT PROGRAM (RTCP) FOR GEOGRAPHICALLY DISADVANTAGED FARMERS AND RANCHERS APPLICATION

1. State Code	2. County Code	3. Fiscal Year
4. Application Number:		
FOR FSA USE ONLY		
5. Cost of Living Rate (*COLA*):		%

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 7 CFR Part 755 and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for direct reimbursement payments to a geographically disadvantaged farmer or rancher to transport an agricultural commodity or inputs used to produce an agricultural commodity. 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 for direct reimbursement payments to a geographically disadvantaged farmer or rancher to transport an agricultural commodity or inputs used to produce an agricultural commodity.*

The information collection is exempted from Paperwork Reduction Act, as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246, Title I, Subtitle F – Administration).

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

6A. Producer's Name and Address (*Including Zip Code*)	7A. Contact Producer's Name and Address (*Including Zip Code*)
6B. Telephone and/or Cell Number (*Include Area Code*): ☐ Home ☐ Cell	7B. Telephone and/or Cell Number (*Optional*) (*Include Area Code*): ☐ Home ☐ Cell
6C. Email (*Optional*):	7C. Email (*Optional*):

PART A – TRANSPORTATION RATES

There will be three types of transportation rates used to determine reimbursable amounts. These are defined as: actual, fixed, and set transportation rates.

ACTUAL TRANSPORTATION RATES: are rates based on the actual costs incurred by the applicant and must be determined from verifiable records in all cases.

FIXED TRANSPORTATION RATES: are established by State FSA Committee (STC) with Deputy Administrator for Farm Programs (DAFP) concurrence and reflects transportation rates applicable to certain agricultural commodities or inputs used to produce the agricultural commodity.

SET TRANSPORTATION RATES: are established by STC with DAFP concurrence and reflects a percent of the total costs used to reflect the transportation cost incurred. This rate will be used only if the input does not have a fixed rate established or a breakdown of the transportation costs cannot occur.

NOTE: *For those applicants who certified their costs, and either a fixed transportation rate or set transportation rate is used to determine reimbursable amounts, a compliance spot check will be developed in which those selected applicants would be required to provide verifiable proof that the transportation of the agricultural commodity and/or inputs occurred for the applicable fiscal year.*

8. Do you have actual documentation?
☐ YES ☐ NO If you checked "**YES**", complete Part B.

9. Select the Type of Transportation Cost (*You may select a combination of costs*):
☐ Actual Rate ☐ Fixed Rate ☐ Set Rate

PART B – ACTUAL TRANSPORTATION COSTS (Continued on Page 5)

10. Eligible Agricultural Commodity and/or Input	11. Unit (*Quantity*)	12. Unit of Measure	13. Actual Cost Per Unit	14. Transportation Cost (*Item 11 x Item 13*)	15. Reimbursable Amount (*Item 14 x Item 5*)
			$	$	$
			$	$	$
			$	$	$
			$	$	$
				16. Total Actual Transportation Costs:	$

FOR FSA USE ONLY

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.

B Example of FSA-218 (Continued)

FSA-218 (08-03-10) Page 2 of 7

PART C – FIXED TRANSPORTATION COSTS (Continued on Page 6)

17. Eligible Agricultural Commodity and/or Input	18. Unit *(Quantity)*	19. Unit of Measure	FOR FSA USE ONLY		
			20. Approved Rate	21. Transportation Cost *(Item 18 x Item 20)*	22. Reimbursable Amount *(Item 21 x Item 5)*
			$	$	$
			$	$	$
			$	$	$
			$	$	$
				23. Total Fixed Transportation Costs:	$

PART D – SET TRANSPORTATION COSTS (Continued on Page 7)

24. Eligible Agricultural Commodity and/or Input	25. Unit *(Quantity)*	26. Unit of Measure	FOR FSA USE ONLY		
			27. Approved Rate	28. Transportation Cost *(Item 25 x Item 27)*	29. Reimbursable Amount *(Item 28 x Item 5)*
			$	$	$
			$	$	$
			$	$	$
			$	$	$
				30. Total Set Transportation Costs:	$

PART E – TOTAL PAYMENT – FOR FSA USE ONLY

31. Total all transportation costs from Parts B, C, and D. *(Sum of Items 16, 23, 30, 44, 51 and 58)*	$
32. Enter the total from Item 31, if less than $8,000. If greater than $8,000, enter $8,000.	$
33. Factored amount, if applicable.	$

B Example of FSA-218 (Continued)

FSA-218 (08-03-10) Page 3 of 7

PART F – PRODUCER CERTIFICATION

Payments under the Reimbursement Transportation Cost Payment program will be made to provide cost assistance to geographically disadvantaged farmers and ranchers by reimbursing them for a portion of the transportation cost of their agricultural commodity, and/or transporting inputs used to produce an agricultural commodity during a fiscal year. By signing this application, the producer:

1. *Agrees to provide FSA any documentation it requires to determine eligibility that verifies and supports all information provided, including the producer's certification, and understands the application may be disapproved if they fail to provide any such information requested by FSA;*
2. *Agrees to comply with, and acknowledges they are subject to, all the regulations governing the program and understands that instructions and assistance are available for completing this form;*
3. *Authorizes FSA to obtain from third parties, such as, but not limited to, other government agencies, individuals, auction barns, contractors, or processors, feed cooperatives, feed supply companies and rendering services, any records or other evidence that substantiates the information provided on this application or any supporting documentation provided; and*

I certify that:

1. *If applying as an individual, that I am a citizen of or legal resident alien in the United States; if applying as a partnership, the members of the partnership are citizens of the United States; or if applying as a corporation, limited liability corporation, or other farm organization structure, the entity is organized under State law.*
2. *All information on this application and all supporting documents provided are true and correct;*
3. *I understand that this application may be disapproved if information or evidence provided is false or in error, and that other sanctions or penalties could apply.*
4. *I understand that if necessary, additional information may be required to determine program eligibility, to the satisfaction of the State and/or County FSA Committee.*
5. *I understand that this program is subject to the regulations found in 7 CFR Part 755, and understand that this application must be received no later than the deadline date established by FSA.*
6. *I hereby apply for payment to the extent that the State and/or County FSA Committee determines me eligible to receive payment and understand that payment of transportation cost assistance will be contingent upon the availability of funds to the U.S. Department of Agriculture to pay such claims.*
7. *I understand that payments are subject to conditions imposed by regulation and FSA, and that this is an application only.*
8. *I have already reported whether I have actual documentation.*

Note: *Providing a false certification to the Government is punishable by imprisonment, fines, or other penalties. All information provided herein is subject to verification by FSA. The criminal and civil fraud statutes that apply to this certification, may include 15 USC 286 714m, 18USC 286, 297, 371, 641, 651, and 1001; and 31 USC. Other authorities may apply.*

34A. Signature *(By)*	34B. Title/Relationship of the Individual Signing in the Representative Capacity	34C. Date Signed *(MM-DD-YYYY)*	34D. Share	34E. Tax ID No. (4 Digits)
			%	
			%	
			%	
			%	
			%	

36 Completing FSA-218's (Continued)

B Example of FSA-218 (Continued)

FSA-218 (08-03-10) Page 4 of 7

PART G – STC OR COUNTY COMMITTEE DETERMINATION (FOR FSA USE ONLY)

35A. STC, COC or Designee Signature	35B. Title of STC, COC or Designee	35C. Date *(MM-DD-YYYY)*	35D. Determination *(Check one)*: ☐ Approved ☐ Disapproved *(Complete Item 35G)* ☐ Partially Approved *(Complete Item 35G)*
35E. Name and Address of County FSA Office		35F. Telephone Number *(Include Area Code)*	35G. Justification for Disapproval/Partial Approval
36A. Signature of Second Party Review	36B. Title of Second Party Reviewer		36C. Date Signed *(MM-DD-YYYY)*
37. Additional Remarks			

B Example of FSA-218 (Continued)

FSA-218 (08-03-10) Page 5 of 7

PART B – ACTUAL TRANSPORTATION COSTS (Continuated from Page 1)

38. Eligible Agricultural Commodity and/or Input	39. Unit *(Quantity)*	40. Unit of Measure	41. Actual Cost Per Unit	FOR FSA USE ONLY	
				42. Transportation Cost *(Item 39 x Item 41)*	43. Reimbursable Amount *(Item 42 x Item 5)*
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
				44. Total Actual Transportation Costs:	$

B Example of FSA-218 (Continued)

FSA-218 (08-03-10) Page 6 of 7

PART C – FIXED TRANSPORTATION COSTS (Continuated from Page 2)

45. Eligible Agricultural Commodity and/or Input	46. Unit *(Quantity)*	47. Unit of Measure	FOR FSA USE ONLY		
			48. Approved Rate	49. Transportation Cost *(Item 46 x Item 48)*	50. Reimbursable Amount *(Item 49 x Item 5)*
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
				51. Total Fixed Transportation Costs:	$

36 Completing FSA-218's (Continued)

B Example of FSA-218 (Continued)

FSA-218 (08-03-10) Page 7 of 7

PART D – SET TRANSPORTATION COSTS (Continuated from Page 2)

52. Eligible Agricultural Commodity and/or Input	53. Unit *(Quantity)*	54. Unit of Measure	FOR FSA USE ONLY		
			55. Approved Rate	56. Transportation Cost *(Item 53 x Item 55)*	57. Reimbursable Amount *(Item 56 x Item 5)*
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
				58. Total Set Transportation Costs:	$

37-40 Reserved

Part 5 RTCP Worksheet Calculator Tools

41 FSA-218-1's

A Using FSA-218-1

FSA-218-1 was created to assist State and County Offices in calculating RTCP benefits and **must** be accessed and completed on a computer running Microsoft Excel 2007 software. County Offices must:

- complete FSA-218-1 for each completed FSA-218 approved for RTCP by COC or designee, according to paragraph 34

- forward a copy of both FSA-218 and FSA-218-1 to the State Office for compilation of RTCP data into the RTCP Totals - State Master Worksheet.

  Note: State Offices **must** complete FSA-218-1's for areas where County Offices do **not** exist.

B Accessing and Saving FSA-218-1's

Follow these steps to access and save FSA-218-1 for each completed FSA-218 approved for RTCP.

Step	Action
1	Go to **www.fsa.usda.gov/FSA/webapp?area=home&subject=prsu&topic=landing**.
2	Under Hot Links, CLICK "**RTCP 218-1**". A File Download dialog box will be displayed.
3	CLICK "**Open**" and FSA-218-1 will be displayed in Microsoft Excel 2007.
4	CLICK " ". CLICK "**Save As**", to save the document in user's desired location on their network share drive. **Note:** State Offices may create a RTCP subfolder on the S:\ drive for placement of saved FSA-218-1's.
5	Enter a file name for the document to be saved.
6	CLICK "**Save**".

41 FSA-218-1's (Continued)

C FSA-218-1 Layout and Data Entry

FSA-218-1 is made up of a series of cells as follows.

Cell	Action
Drop-Down Menus	Select the following: • "State Code" • "County Code" • "Fiscal Year" • "Unit of Measure".
Yellow-Shaded	Manually enter the following: • producer name • producer TIN and type • application number • COLA rate • eligible agricultural commodity and/or input • unit (quantity) • actual rate • fixed rate • set rate • unit of measure • remarks • data loader • data reviewer.
Blue-Shaded	Automatically calculates the following for each agricultural commodity and/or input: • transportation costs • total eligible reimbursement cost.
Orange-Shaded	Automatically calculates and displays the total reimbursement cost for all eligible agricultural commodities and/or inputs according to the applicable rate category.
Red-Shaded	Automatically calculates and displays the total of all transportation costs for all applicable rate categories.

41 FSA-218-1's (Continued)

D Instructions for Completing FSA-218-1

All data to be entered in FSA-218-1 will come from a completed FSA-218. Complete FSA-218-1 according to the following table.

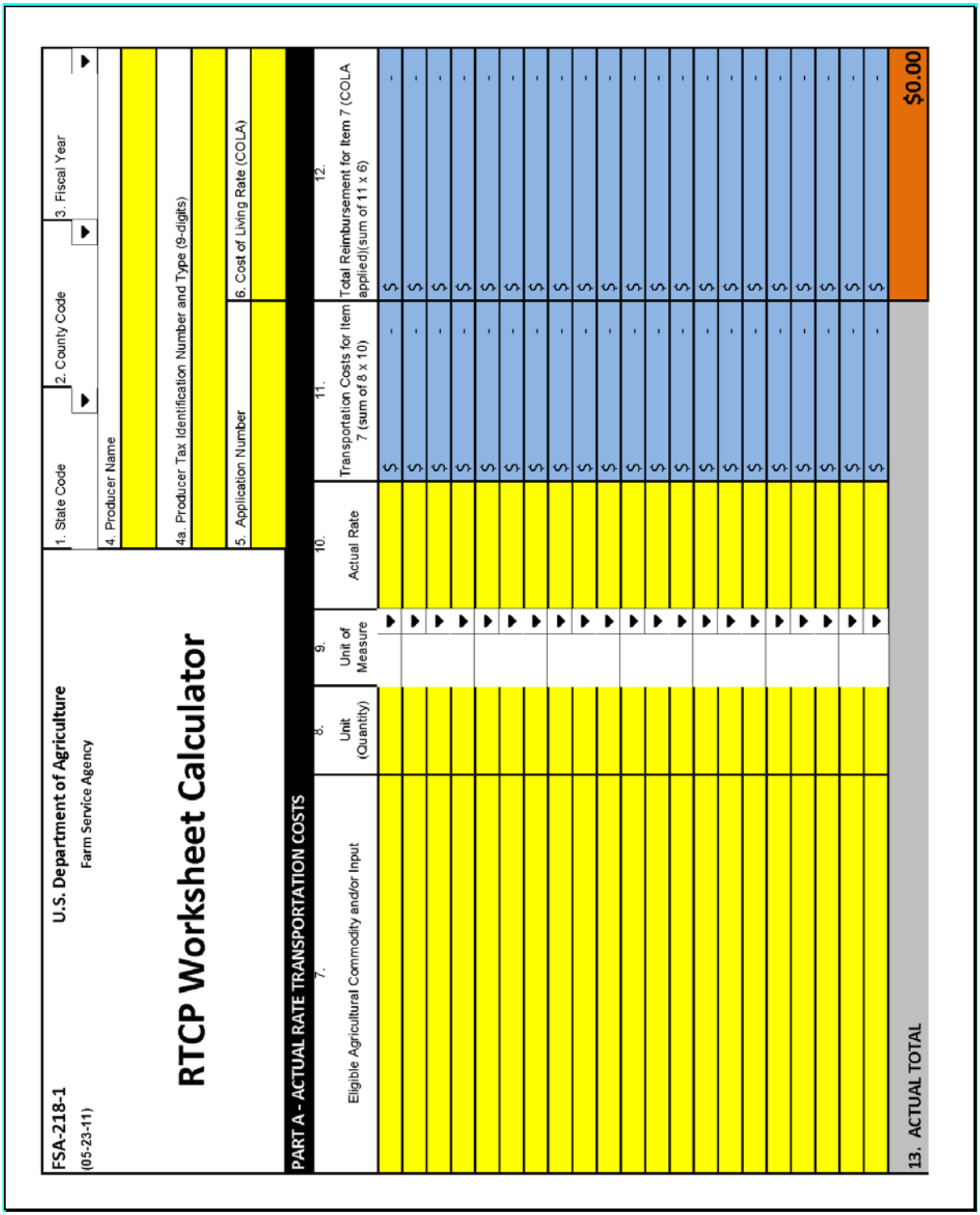
Item	Instruction
1	Select 2-digit State code from the drop-down menu.
2	Select 3-digit county code from the drop-down menu.
3	Select appropriate FY from the drop-down menu.
4	Enter producer's name. See Exhibit 2 for definition of producer.
4a	Enter producer's TIN (9-digits) and TIN type.
5	Enter application number assigned to FSA-218.
6	Enter applicable COLA according to Exhibit 6.
7 Parts A, B, C and D	Enter eligible agricultural commodity and/or input.
8 Parts A, B, C, and D	Enter number of eligible units that represent the eligible agricultural commodity and/or input from item 7.
9 Parts A, B, C, and D	Select unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 7.
10 Parts A, B, C, and D	Enter actual, fixed, or set rate in each appropriate part, as applicable. **Note:** Set transportation cost rate percentages must be converted to a dollar value rate according to subparagraph G before making a FSA-218-1 entry for a set rate.
11-14	No entries required. Program will automatically calculate entries.
15	Enter any notable remarks.
16	Enter name of the data loader and the date the data was loaded.
17	Enter name of the data reviewer and the date the data was reviewed.

Note: See subparagraph E for an example of FSA-218-1.

41 FSA-218-1's (Continued)

E Example of Excel Spreadsheet, "FSA-218-1"

The following is an example the Excel spreadsheet titled, "FSA-218-1".



FSA-218-1
(05-23-11)

U.S. Department of Agriculture
Farm Service Agency

RTCP Worksheet Calculator

1. State Code
2. County Code
3. Fiscal Year
4. Producer Name
4a. Producer Tax Identification Number and Type (9-digits)
5. Application Number
6. Cost of Living Rate (COLA)

PART A - ACTUAL RATE TRANSPORTATION COSTS

7. Eligible Agricultural Commodity and/or Input	8. Unit (Quantity)	9. Unit of Measure	10. Actual Rate	11. Transportation Costs for Item 7 (sum of 8 x 10)	12. Total Reimbursement for Item 7 (COLA applied)(sum of 11 x 6)
			$	$ -	$ -
			$	$ -	$ -
			$	$ -	$ -

41 FSA-218-1's (Continued)

E Example of FSA-218-1 (Continued)

PART B - FIXED RATE TRANSPORTATION COSTS

7. Eligible Agricultural Commodity and/or Input	8. Unit (Quantity)	9. Unit of Measure	10. Fixed Rate	11. Transportation Costs for Item 7 (sum of 8 x 10)	12. Total Reimbursement for Item 7 (COLA applied)(sum of 11 x 6)
				$ -	$ -
				$ -	$ -
				$ -	$ -

41 FSA-218-1's (Continued)

E Example of FSA-218-1 (Continued)

PART C - SET RATE TRANSPORTATION COSTS

7. Eligible Agricultural Commodity and/or Input	8. Unit (Quantity)	9. Unit of Measure	10. Set Rate	11. Transportation Costs for Item 7 (sum of 8 x 10)	12. Total Reimbursement for Item 7 (COLA applied)(sum of 11 x 6)
				$ -	$ -
				$ -	$ -
				$ -	$ -

41 FSA-218-1's (Continued)

E Example of FSA-218-1 (Continued)

PART D - ELIGIBLE AGRICULTURAL COMMODITY AND/INPUT INFORMATION (ADDITIONAL ENTRIES)

7. Eligible Agricultural Commodity and/or Input	8. Unit (Quantity)	9. Unit of Measure	10. Rate	11. Transportation Costs for Item 7 (sum of 8 x 10)	12. Total Reimbursement for Item 7 (COLA applied)(sum of 11 x 6)
				$ -	$ -
				$ -	$ -
				$ -	$ -

41 FSA-218-1's (Continued)

F Submitting FSA-218-1

For each approved RTCP applicant, County Offices **must** submit to their applicable State Office copies of the following documents:

- FSA-218
- FSA-218-1.

State Offices shall coordinate and provide instruction to their County Offices for the safe and secure transmission of FSA-218's and FSA-218-1's to the State Office, either by FAX or encrypted electronic transmission. FSA-218's and FSA-218-1's **must** be received in the State Office according to the following table.

FY	Submission Deadline
FY 2010	COB February 18, 2011
FY 2011	COB November 30, 2011

G Secondary Review

All data entered into FSA-218-1 shall be reviewed and verified by a second person to ensure data accuracy. The secondary reviewer shall enter their name and the date the data was reviewed according to subparagraph D. All discrepancies discovered during the review **must** be corrected **before** transmitting FSA-218-1's to the State Office.

H Converting Set Transportation Cost Rates to Percentages

Set transportation cost rate percentages must be manually converted to a dollar value rate **before** entering the set rate in FSA-218-1. To convert the set rate to a dollar value rate, apply the FSA-approved set rate percentage to the agricultural commodity and/or input used to produce the agricultural commodity.

Example: A bag of fertilizer is $20. The FSA-approved set rate percentage for imports/exports without a fixed rate is 15 percent. The result of multiplying the price of fertilizer times the set rate percentage is $3 ($20 x 15 percent = $3). The result of $3 is the dollar value to be entered in FSA-218-1, Part C, item 10.

42 RTCP Totals – State Master Worksheets

A Using the RTCP Totals – State Master Worksheet

The RTCP Totals - State Master Worksheet Calculator Tool was created to compile all pertinent data from all applicants in the State and/or responsible insular area into 1 document. The Microsoft Excel RTCP Totals - State Master Worksheet Calculator Tool **must** be accessed and completed on a computer running Microsoft Excel 2007 software. The RTCP Totals - State Master Worksheet **must** be completed by **each** State from data obtained from FSA-218-1's received from County Offices.

The RTCP Totals - State Master Worksheet (subparagraph C) will accommodate 1,100 producer line entries. If there are greater than 1,100 applicants in the State for a FY, the State Office may need to complete 2 or more RTCP Totals - State Master Worksheets to capture all of the applicants. The State Office shall only submit more than 1 RTCP Totals - State Master Worksheet for the FY if there are greater than 1,100 producers in the State or responsible area. If submitting more than 1 RTCP Totals - State Master Worksheet, each should be numbered accordingly.

B Accessing and Saving RTCP Totals - State Master Worksheets

Follow these steps to access and save the RTCP Totals - State Master Worksheet.

Step	Action
1	Go to **www.fsa.usda.gov/FSA/webapp?area=home&subject=prsu&topic=landing**.
2	Under Hot Links, CLICK "**RTCP ST Master-Wrksht**". A File Download dialog box will be displayed.
3	CLICK "**Open**"; the RTCP Totals - State Master Worksheet will be displayed in Microsoft Excel 2007.
4	CLICK " ". Select "**Save As**" to save the document in user's desired location on their network share drive. **Note:** States Office may create a RTCP subfolder on the S:\ drive for placement of the saved RTCP Totals - State Master Worksheets.
5	Designate a file name for the document to be saved.
6	CLICK "**Save**".

42 RTCP Totals – State Master Worksheets (Continued)

C Entering RTCP FSA-218-1 Totals Into the RTCP Totals - State Master Worksheets

State Offices shall:

- make entries in the RTCP Totals - State Master Worksheet in all white cells under appropriate column headers
- enter each applicant's total transportation costs on a separate line from data obtained from each FSA-218-1, item 14, received from the County Office
- the RTCP Totals - State Master Worksheet **must** be completed according to the following table.

IF column header is…	THEN…	AND enter information from FSA-218-1 in item…
"State Code"	enter 2-digit State code	1.
"County Code"	enter 3-digit county code	2.
"Producer Name"	enter producer's name	4.
"Tax ID Number"	enter producer's 9-digit TIN	4a.
"Tax ID Type"	enter TIN type	4a.
"Application Number"	enter application number	5.
"Total Transportation Costs"	enter total transportation costs	14.
"Factored Payment (%)"	no entry required.	
"Total Capped Payment"	no entry required.	
"Data Loader Initials"	enter initials of the person entering data	16.
"2nd Reviewer Initials"	enter initials of the person reviewing data entered	17.

Note: An entry is **required** for each field under each appropriate column header, including the entry of "0", if applicable.

42 RTCP Totals – State Master Worksheets (Continued)

C Entering RTCP FSA-218-1 Totals Into the RTCP Totals - State Master Worksheets (Continued)

The total of all transportation costs obtained from each applicant's information entered in the RTCP Totals - State Master Worksheet is displayed in red at the top of the worksheet and will be automatically totaled as entered. These totals will assist the National Office PSD in determining if a factor will be applied. No entries should be made in the grayed-out columns for factored RTCP's and total capped RTCP.

A	B	C	D	E	F	G	H	I	J	K
RTCP Totals - State Master Worksheet										
State Code	County Code	Application Number	Producer Name	Tax ID Number	Tax ID Type	Total Transportation Costs	Factored Payment (%)	Total Capped Payment (If applicable)	Data Loader Initials	2nd Reviewer Initials
						$ 40,750.00	$ -	$ -		
15	003	001	ABC Dairy Operation	123-45-6789		$ 300.00			MAC	DLC
15	007	001	J & J Farms	011-11-1111		$ 25,300.00			MAC	DLC
15	009	001	Pineapple Express, Inc.	11-2345678		$ 15,000.00			DLC	MAC
15	009	002	Papaya Unlimited	22-1234567		$ 150.00			MAC	DLC

D Secondary Review

All data entered into the RTCP Totals - State Master Worksheet shall be reviewed and verified by a second person to ensure data accuracy. The secondary reviewer shall enter their name or initials in the RTCP Totals - State Master Worksheet under the appropriate header. The State Office shall correct all discrepancies discovered during the review **before** transmitting the RTCP Totals - State Master Worksheet to the National Office PSD.

42 RTCP Totals – State Master Worksheets (Continued)

E Submitting RTCP Totals - State Master Worksheets to the National Office PSD

State Offices shall:

- transmit 1 RTCP Totals - State Master Worksheet containing data for all approved applicants in their State and responsible insular area, as applicable, to Dani Cooke, PSD, by e-mail to **danielle.cooke@wdc.usda.gov**

- encrypt the RTCP Totals - State Master Worksheet **before** transmitting according to subparagraph F, to ensure safe electronic transmission.

RTCP Totals - State Master Worksheets **must** be received by the National Office PSD by:

- **COB February 28, 2011**, for FY 2010 (RTCP-I)
- **COB December 9, 2011**, for FY 2011 (RTCP-II).

F Encrypting and Transmitting RTCP Totals - State Master Worksheets

The State Office shall follow these steps to encrypt the RTCP Totals - State Master Worksheet **before** transmitting to the National Office PSD.

Step	Action
1	Choose an encryption password and write it down using paper and pen. This is **critical** so that users can relay the password to the National Office PSD.
2	• CLICK " " • CLICK "**Prepare**" • CLICK "**Encrypt Document**".
3	In Encrypt Document dialog box, enter user's chosen password and CLICK "**OK**".
4	In Confirm Password dialog box, in the "Reenter password" box, re-enter user's chosen password and CLICK "**OK**", CLICK "**Save**", and close the file.
5	E-mail the encrypted Excel file to contact in subparagraph E.
6	Provide the encryption password in a **separate** e-mail to contact in subparagraph E.

43-50 Reserved

Part 6 FSA-218's and RTCP Processing

51 Getting Started

A Recording FSA-218's

All FSA-218's **must** be recorded into the system by a date determined by DAFP. RTCP shall not be funded to process RTCP's before the RTCP factor is determined by the National Office PSD, based on all approved FSA-218's processed, if applicable. After the factor is determined, eFunds will be populated. State and County Offices will be notified when to begin RTCP processing through NPS.

B eAuthentication Login

County Offices shall access RTCP functions through the FSA Intranet Home Page at **http://intranet.fsa.usda.gov/fsa**, as follows:

- under Links, CLICK "**FSA Applications**"
- under Price Support, CLICK "**RTCP – Reimbursement Transportation Cost Payment**"
- on the eAuthentication Warning Screen, CLICK "**I Agree**"
- on the eAuthentication Login Screen, enter user ID and password, and CLICK "**Login**".

The RTCP Main Menu will be displayed with the default State and county of the logged in FSA user.

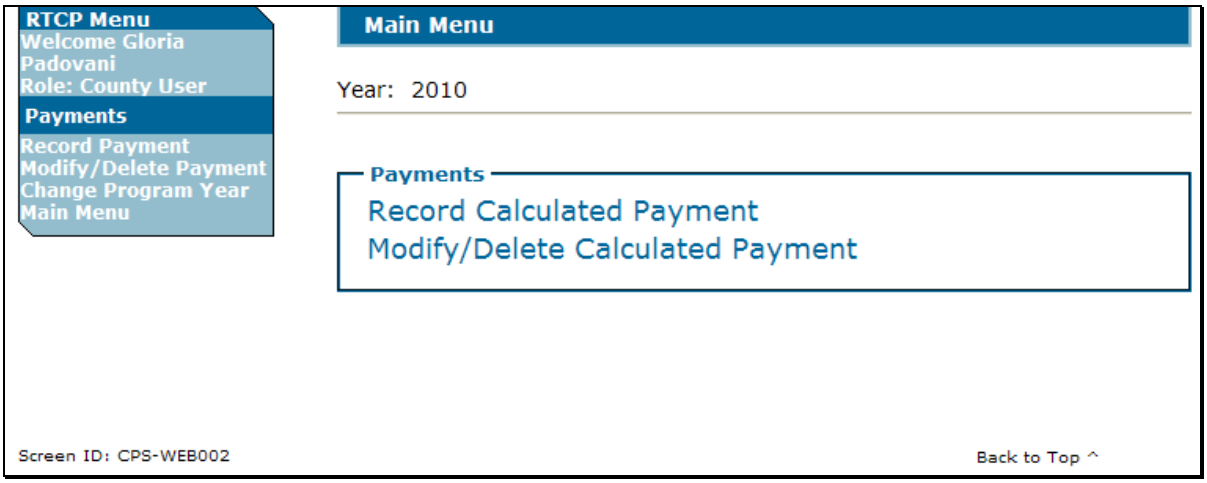
51 Getting Started (Continued)

C RTCP Main Menu

The following is an example of the Main Menu that will be displayed with the following RTCP options:

- “Record Calculated Payment”
- “Modify/Delete Calculated Payment”.

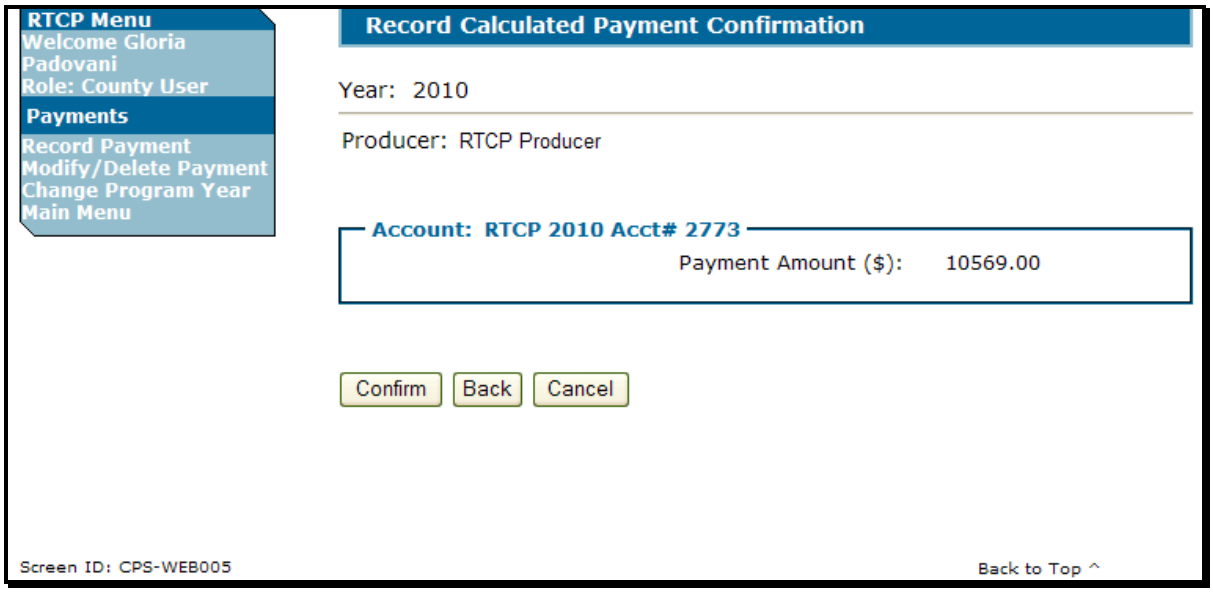
CLICK the applicable RTCP option.



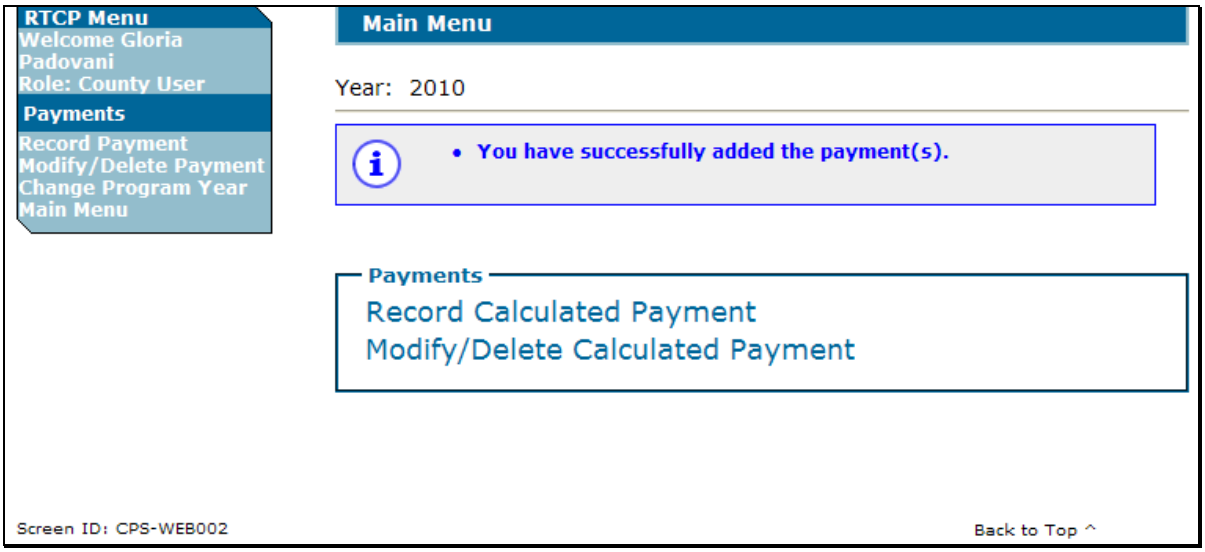
52 RTCP's

A Recording Calculated RTCP's

On the following Record Calculated Payment Confirmation Screen, after verifying the RTCP amount, CLICK "**Confirm**" to add RTCP



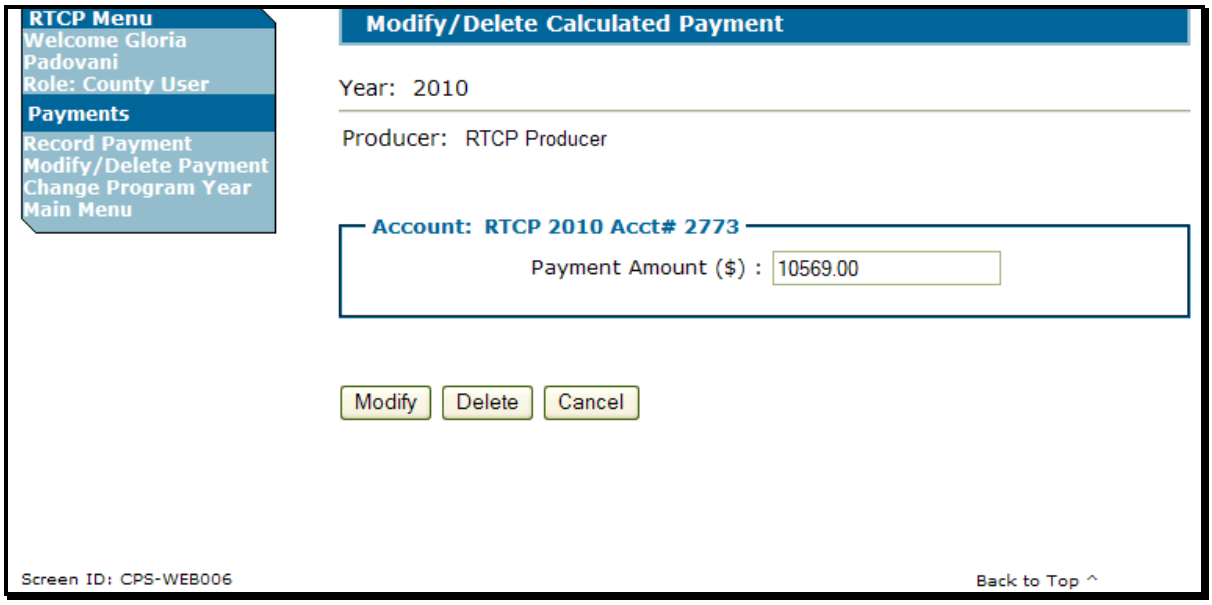
The following is an example of the Main Menu after RTCP is successfully added. The RTCP Main Menu will be displayed with the message, "You have successfully added the payment(s)".



52 RTCP's (Continued)

B Accessing the Modify/Delete Calculated Payment Options

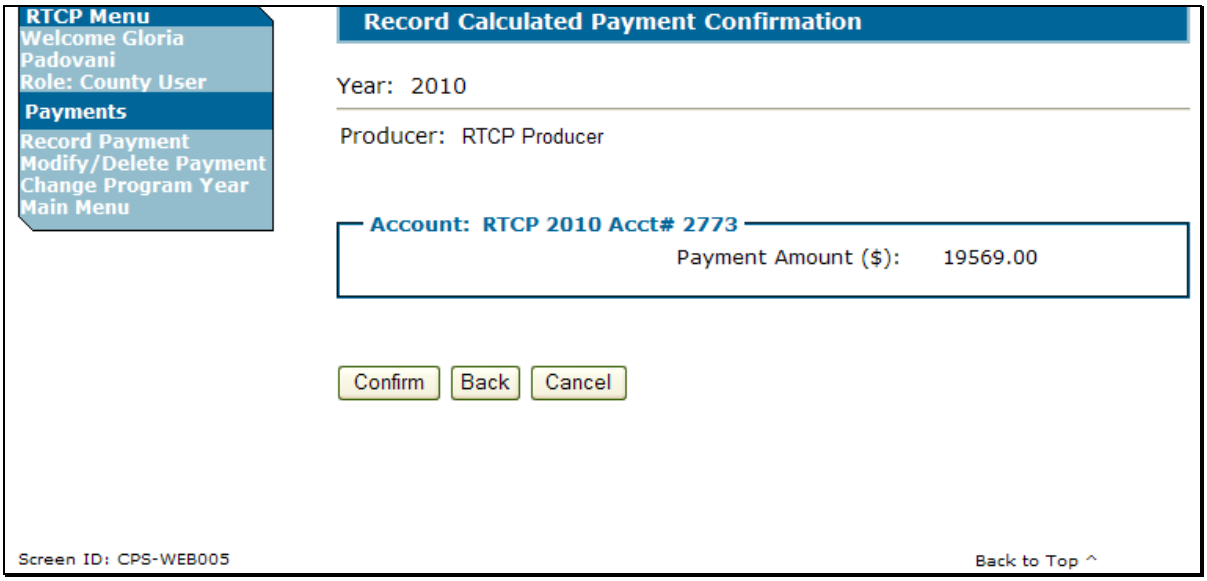
To modify or delete RTCP that has been previously entered, under the Payments Menu, CLICK "**Modify/Delete Calculated Payment**". The SCIMS Customer Search Page will be displayed. Search and select the RTCP customer. The following Modify/Delete Calculated Payment Screen will be displayed. To modify the calculated RTCP, enter the correct RTCP amount and then CLICK "**Modify**".



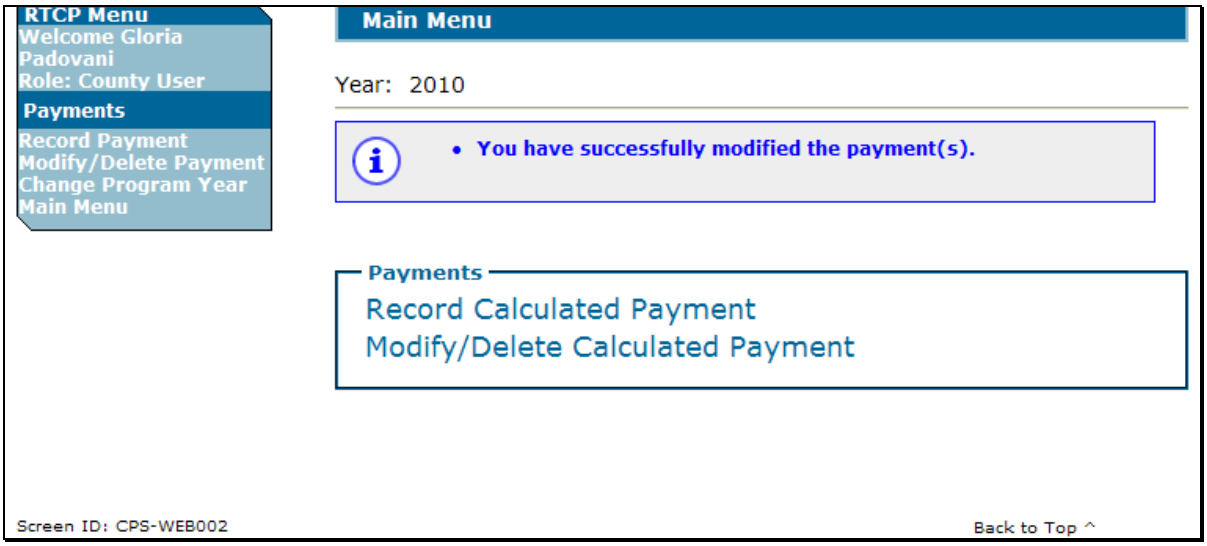
52 RTCP's (Continued)

C Modifying Calculated Payment Option

The following Record Calculated Payment Confirmation Screen will be displayed with the new RTCP amount. After verifying RTCP amount, CLICK "**Confirm**".



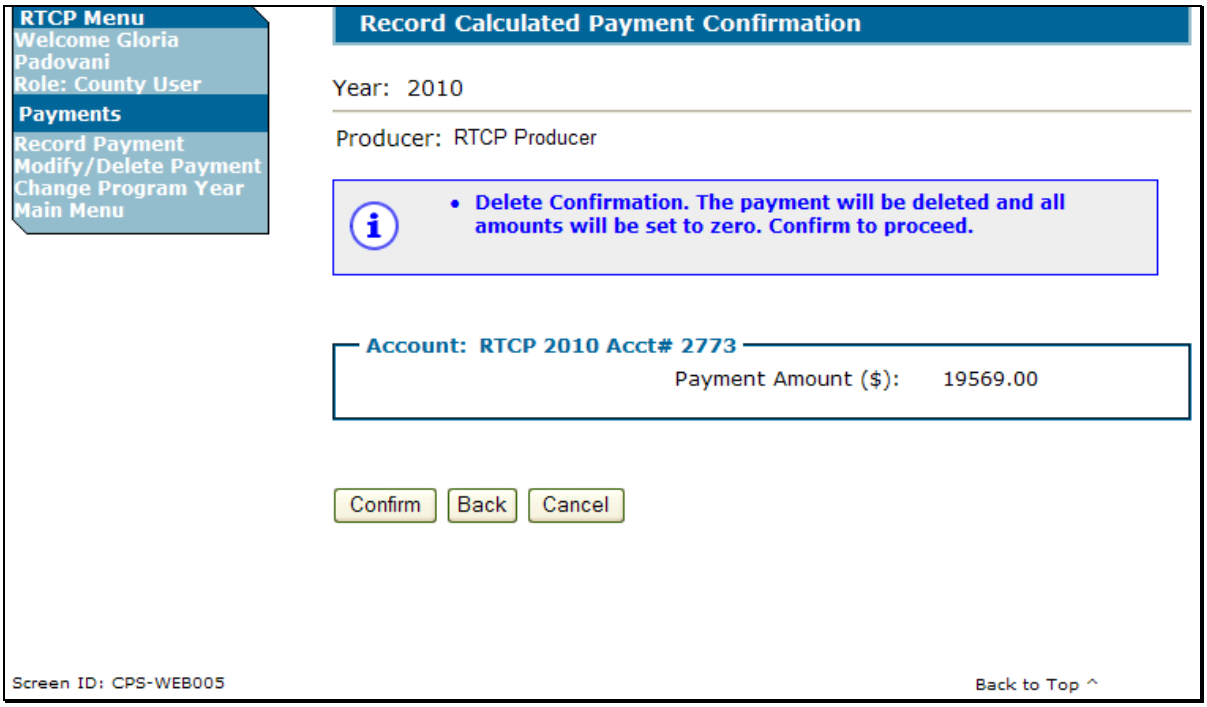
The following is an example of the Main Menu after RTCP is successfully modified. The Main Menu will be displayed with the message, "You have successfully modified the payment(s)".



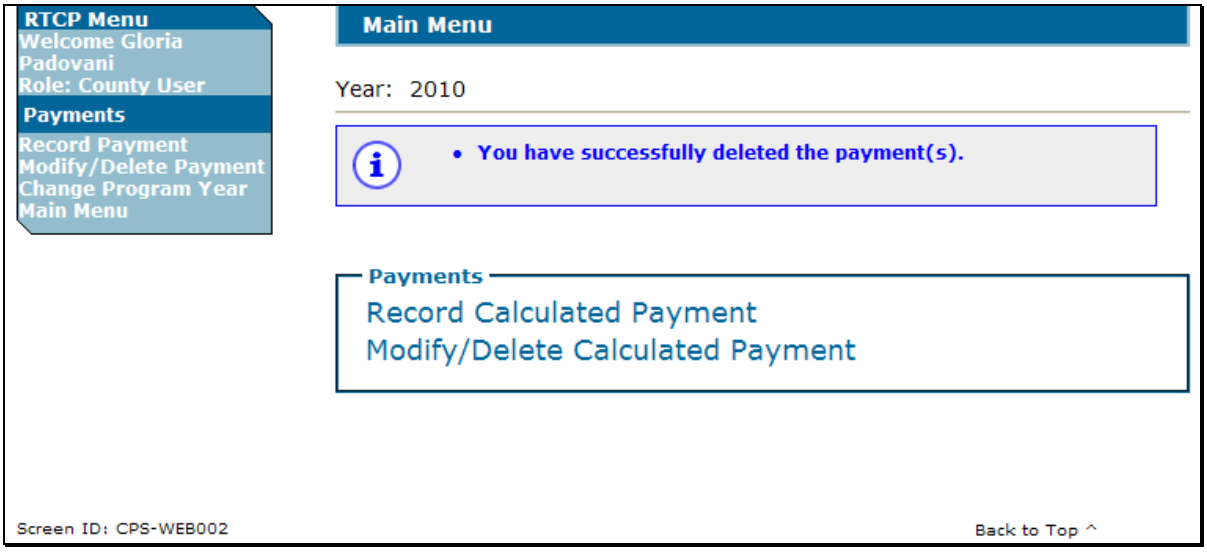
52 RTCP's (Continued)

D Deleting Calculated Payments Option

To delete the calculated RTCP, on the Modify/Delete Calculated Payment Screen, (subparagraph B), CLICK "**Delete**". The following Record Calculated Payment Confirmation Screen will be displayed with the message, "**Delete Confirmation. The payment will be deleted and all amounts will be set to zero. Confirm to proceed.**" CLICK "**Confirm**" to delete RTCP amount and set the amount to zero.



The following is an example of the Main Menu after RTCP is successfully deleted. The Main Menu will be displayed with the message, "You have successfully deleted the payment(s)".



Reports, Forms, Abbreviations, and Redelegations of Authority

Reports

Reports are available through the Common Payment Reporting System.

Forms

This table lists all forms referenced in this handbook.

Number	Title	Display Reference	Reference
AD-1026	Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification		12, 35
CCC-770 Eligibility	Eligibility Checklist		33, 34
CCC-901	Member's Information 2009 and Subsequent Years		35
CCC-902E	Farm Operating Plan for Entity 2009 and Subsequent Program Years		35
CCC-902I	Farm Operating Plan for Individual 2009 and Subsequent Program Years		35
CCC-926	Average Adjusted Gross Income (AGI) Statement		12, 35
FSA-218	Reimbursement Transportation Cost Payment Program (RTCP) For Geographically Disadvantaged Farmers and Ranchers Applications	36	3, 31-35, 41, 51
FSA-218-1	RTCP Worksheet Calculator Tool	41	42
FSA-218-2	State Committee (STC) Established Fixed and Set Transportation Cost Rate for Reimbursement Transportation Cost Payment (RTCP) Program	23	
SF-1199A	Direct Deposit Sign-Up Form		21
SF-3881	ACH Vendor/Miscellaneous Payment Enrollment Form		21

Abbreviations Not Listed in 1-CM

The following abbreviations are not listed in 1-CM.

Approved Abbreviation	Term	Reference
COLA	cost of living allowance	21, 36, 41, Ex. 6
RTCP	Reimbursement Transportation Cost Payment	Text, Ex. 6

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

Redelegations of Authority

This table lists the redelegation of authority in this handbook.

Redelegation	Reference
Except for RTCP requests in which CED has a monetary interest, COC may delegate the authority to approve or disapprove FSA-218's, and any other RTCP Program documents, to CED.	3
Except for RTCP requests in which the person approving has a monetary interest, CED may delegate the authority to approve or disapprove FSA-218's, and any other RTCP Program documents, to Federal and non-Federal County Office employees.	3

Definitions of Terms Used in This Handbook

Fixed Transportation Rate

Fixed transportation rate means per unit transportation rate established by STC to reflect the transportation cost applicable to an agricultural commodity and/or input used to produce an agricultural commodity in a particular region.

Producer

Producer means any geographically disadvantaged farmer or rancher who:

- is an individual, group of individuals, association, cooperative, corporation, estate, partnership, trust, other business enterprise, or other legal entity, as defined by 7 CFR 1400.3
- is, or whose members are, a citizen or legal resident alien in the U.S.
- as determined by the Secretary, shares in the risk of producing an agricultural commodity in substantial commercial quantities
- is entitled to a share of the agricultural commodity from the agricultural operation.

Set Transportation Rate

Set transportation rate means the transportation rate established by STC for a commodity and/or input for which there is not a fixed transportation rate or supporting documentation of the actual transportation rate.

Menu and Screen Index

The following menus and screens are displayed in this handbook.

Menu or Screen	Title	Reference
CPS-WEB002	Main Menu	52
CPS-WEB006	Modify/Delete Calculated Payment	52
CPS-WEB005	Record Calculated Payment Confirmation Screen	52

Nonforeign Area COLA's

The following table provides COLA rate percentages that will be used to compute RTCP benefits.

Nonforeign Area COLA Rates		
Geographic Coverage		**Rate (%)**
Alaska	City of Anchorage and 80-kilometer (50-mile) radius by road	23
	City of Fairbanks and 80-kilometer (50-mile) radius by road	23
	City of Juneau and 80-kilometer (50-mile) radius by road	23
	Rest of Alaska	25
Hawaii	City and County of Honolulu	25
	County of Hawaii	18
	County of Kauai	25
	County of Maui and County of Kalawao	25
	American Samoa	25
	Federated States of Micronesia	14
	Republic of the Marshall Islands	14
	Republic of Palau	14
Guam	Territory of Guam and Commonwealth of the Northern Mariana Islands	***--**25
Puerto Rico	Commonwealth of Puerto Rico	14
Virgin Islands	U.S. Virgin Islands	25**--***

Note: The lowest COLA rate percentage will be used for any geographic coverage areas not listed in the above table.