



February 2012

North Puget Sound Area FSA

528 91st Ave NE Ste B
Lake Stevens WA 98258
Tel: 425-334-3131 x2
Fax: 425-335-5024

Office Hours

Monday – Friday
8:00 AM – 4:30 PM

County Committee

Troy Smith, Chair
Rick Williams, Vice-Chair
John Gunning, Member
Dan Bartelheimer, Member
Bobbi Lindemulder, Member
Yeng Cha, Advisor
Jay Cha, Advisor

Office Staff

Holly Hedblom, Acting CED/PT
holly.hedblom@wa.usda.gov

Farm Loan Staff

Mark Turner, FLM
Lynn Alderson, FLO
6975 Hannegan Rd
Lynden WA 98264
360-354-5658 x 2

Jeff Peterson, SFLO
1554 Bishop Rd
Chehalis WA 98532
360-748-0084 x2

Next COC Meeting

Date Tentative, March 22
Time 10:00 a.m.

Dates to Remember

March 15 - NAP closing date for spring planted crops including seed, small grain forages, mustard, radish, summer planted buckwheat
April 6 - CRP signup deadline
May 1 - NAP closing date for value loss crops (ornamental nursery)
May 28 - Office closed for federal holiday
June 1 - DCP/ACRE signup deadline
June 1 - SURE 2010 loss signup deadline
June 30 - Acreage reporting deadline for all crops

FSA Web Sites

State- <http://www.fsa.usda.gov/wa>

National- <http://www.fsa.usda.gov>

USDA- <http://www.usda.gov>



LAST PRINTED NEWSLETTER

The Farm Service Agency is moving toward a paperless operation. FSA's budget allows for this last printed newsletter only. If you wish to receive important program announcements and deadline reminders, enroll in the new GovDelivery system. You will receive newsletters and bulletins via email or text message instead of a hard copy through the mail.

FSA, like many other organizations, is trying to work smarter and be more efficient. Moving to electronic notifications via email will help conserve resources and save taxpayer dollars. County Committee ballots will continue to be mailed to all eligible producers.

You may subscribe to receive electronic updates by going to the USDA GovDelivery sign-up page found at the following web address: <http://www.fsa.usda.gov/subscribe>.

The form on the reverse side of this newsletter informs FSA of your intent to receive newsletters electronically. Complete blocks 1A, 1B, 3, 4, 8A, 8B and 8C. Select "No" in block 4 and return the form to the county office. The selection only applies to newsletters and bulk mail. You will still receive direct mail for your operation and county committee ballots. Staff can assist you with subscribing for electronic newsletters.

2012 DCP/ACRE SIGNUP UNDERWAY

We are currently taking appointments to sign up for 2012 DCP/ACRE program. The deadline to sign up is **June 1, 2012**. Please call the office to set up an appointment.

All producers with an interest on DCP base acres must have a share in direct and counter-cyclical payments. Changes on the farm before or after enrolling in DCP/ACRE must be immediately reported to the local FSA office, examples include ownership changes and change of operator.

NEW AGI FORMS REQUIRED FOR 2012

FSA and NRCS program participants, including all members of participating entities, must meet certain Adjusted Gross Income (AGI) requirements to qualify for benefits. Starting with the 2012 crop year, a new AGI form has been developed that both reports whether an applicant or member meets the AGI requirements, and authorizes the IRS to confirm that information for FSA.

The new form also reflects an additional AGI limitation applicable only to 2012 direct payments. In addition to the \$500,000 average nonfarm AGI and the \$750,000 average farm AGI limitation, a \$1 million average AGI limitation will be applicable for 2012 direct payments.

New this year, most power-of-attorney authorizations on file are not valid for use with this form. The form will have to be signed by the participant or entity member themselves. IRS will not accept FSA power-of-attorney forms. These new AGI forms are available today from your county office or on the FSA internet site.

ACREAGE REPORTING

Acreage reports are a required component of DCP and CREP to be eligible for annual payments issued in October. Additional eligibility requirements could include completion of form CCC-931, Average Adjusted Gross Income Certification for 2012 and current AD-1026. Please call the county office at 425-334-3131 ext 2, to schedule an appointment to report crops. Also consider bringing signed leases, seed contracts, and other documents that reflect control of land and/or land usage.

SUPPLEMENTAL REVENUE ASSISTANCE FOR 2010 LOSSES

The deadline for producers to submit applications for 2010 crop year Supplemental Revenue Assistance Payments Program (SURE) is **June 1, 2012**. The application and all required documentation must be on file and signed by close of business on that day.

The SURE program provides benefits for crop losses due to eligible weather related disaster conditions affecting crops grown from 2008 through 2011 crop years. A farmer or rancher is eligible for the program when a disaster designation has been made for their county or when actual production is less than half of the normal established production. Producers who suffer eligible losses must have crop insurance or a Non-insured Crop Disaster Assistance Program policy for all crops of economic significance to be eligible for SURE benefits. Socially disadvantaged, limited resource, or beginning farmers and ranchers are exempt from the insurance linkage requirement.

LIMITED STAFFING

The NPSA office recently accepted a resignation from County Executive Director Melissa Michael who accepted a CED position in the Lincoln County WA FSA office. Due to current statewide staffing levels, this office will have limited staffing until a new CED can be hired. Upon selection, the new CED will share duties with the Skagit County office. Please call this office at 425-334-3131 ext 2 or email Holly at holly.hedblom@wa.usda.gov to schedule a time when you want to come in.



This form is available electronically.

Form Approved - OMB No. 0560-0265

AD-2047 (08-04-09)		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)			
(See Page 2 for Privacy Act and Public Burden Statements)			
PART A - CUSTOMER INFORMATION			
1A. Customer's Full Legal Name or Business Name		1B. Customer or Business Address (including Zip Code)	
1C. Home Telephone Number (Area Code)	1D. Business Telephone Number (Area Code)	1E. Other Telephone Number (Area Code)	
2. SSN or Tax ID Number (9 Digits)	3. E-Mail Address	4. Customer Wishes to Receive Mail? <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.			
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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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 OMB Circular A-123, the Federal Managers' Financial Integrity Act of 1982, and the Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request for critical producer data changes within the Service Center Information Management System (SCIMS). The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to request changes within SCIMS.

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

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