

Purpose

The purpose of this work instruction is to show how to create an FSA Power of Attorney.

Trigger

Perform this procedure when requested by a Customer.

Prerequisites

- The Customer Record for the individual or organization **granting** the Power of Attorney must be in Business Partner.
- The Customer Record for the person or organization **receiving** the Power or Attorney must be in Business Partner.

Helpful Hints

- You may limit the validity period of a Power of Attorney, by entering a date in the Revoked/Cancelled field causing the Power of Attorney to be revoked automatically on the specified date.
- "xxxx" within a document represents a variable, which may consist of a name, number, etc.
- In the field description tables, **R** indicates the action is required, **O** indicates the action is optional, and **C** indicates the action is conditional.
- The following notes may be used throughout this work instruction:

Note type	Icon	Description
A general note of information		This is the most commonly used note icon. It is the default icon in the uPerform system for all notes. Use this icon for general information that falls out of the scope of these other icons.
A cautionary note		Use this note to communicate to the end-user of something that MUST be completed or another trigger that should be started and is related to the



		procedure.
A critical note	\bigotimes	Use this note to specify something that MUST NOT be done during the procedure.
Contact someone	C	Use this icon to specify to the end- user the need to initiate a communication within the organization due to an event in the procedure.
A reference is available	Q	Use this note to specify that more information is available in another location. You may reference SOPs, another system, or document.



Procedure

1. Start the transaction from the MIDAS CRM Home Page.

Home

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1	Home			🖸 Back 🕶 🖸 🕶
Home Worklist	🖙 Workflow Tasks	E ×	Alerts	
Business Partner * Farm Records *	Pending decision on division of Action required: Farm Transfer (Action required: Farm Transfer (Farm 18-145-5923 requested from IN… requested from IN…	No result found Search	■ ×
Product Master	Action required: Farm Transfer in Expand	requested from IN	Search Customers/Contacts Search Employees Search Farms/Bins Search Member Hierarchies Search Products Search Requested Products	
E & J YOUNG F	No result found	N E V	Create	E ×
	My Favorites -	Filter: All Items	Create New Product Request]
	🖄 My Favorites		J	
2. Click Bus	iness Partner butto	Business	Partner to go to t	he Accounts

Monday, April 22, 2013

page.



Accounts

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Home	Search		
Worklist	Search Customers/Contacts		
Business Partner 📍	Search Employees Search Member Hierarchies		
Farm Records			
Product Master			
Recent Items			
BC FARMS INC E & J YOUNG F			

- **3.** Click **Search Customers/Contacts** label <u>Search Customers/Contacts</u> to go to the Search Customers page.
 - Ð

We will create an FSA Power of Attorney for a Business. An End User would follow the same process when creating an FSA Power of Attorney for an Individual.



Search: Customers

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	Last Name	•	is		•			00				
Product Master '	Middle Name	-	is		•			00				
Recent Items	Common Customer Name	-	is		•			00				
	BP Number/ID	•	is		•			00				
	Role	•	is		•		-	00				
	Tax ID Number	•	is		•			00				
	Tax ID Type	•	is		•		-	00				
	Associated State	•	is		•	INDIANA	-	00				
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4. As required, complete/review the following fields:

Field	R/O/C	Description
Business Name	R	Business Partner name for corporation, LLC, general partnership, etc.
		Example: BC Farms Inc



Search: Customers

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	Search: Customers									🖸 Back 👻 🖸
Home										
	Search Criteria								H	lide Search Fields
Worklist										
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Business Partner	Business Name	•	is 💌	-	BC Farms Inc		• •			
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	In BP Comm	ion	Cu Tax ID	Т	ax ID Add	Ci	ty	State	ZIP	Tel E-Mail

5. Click the Search button Search to display the search results of the Business Name.



Search: Customers

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Farm Records 💦 👌	First Name	•	is	•			0 0				
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Product Master '	Middle Name	•	is	•			0 0				
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	BP Number/ID	•	is	•			0 0				
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E & J YOUNG F	Tax ID Number	•	is	•			• •				
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			BC FARMS INC	_							

6. Click the Common Customer Name from the Result List BC FARMS INC BC FARMS I to go to the Customer page.



Customer: BC FARMS INC

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Home				^
Worklist	Customer Details Customer Profile Roles Ident	ification		
Business Partner 📍	General Data	Main Address and	d Communication Data	
Farm Records	Current Role: Corporation	Information Line:		
Product Master	BP Number / ID: 8000004 Business Name: BC EARMS INC	Address Line: PO Box	1852 Main St.	
Recent Items	Legal Name: No	City:	RUSHVILLE	
BC FARMS INC E & J YOUNG F	Data Origin: SCIMS	State: ZIP Code:	in indiana 46173-7	
	Tax ID Type: No Tax ID Type Tax ID Number: No Tax I…	Country: Telephone Num	US USA 800-000-0000	
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7. Scroll to the **Representative Capacity** tab.



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Customer: BC FARMS INC Representative Capacity

8. Click the New button where the Representative Capacity tab to go to the Customer Relationships page.



Customer: BC FARMS INC Relationships

United States Department of Agriculture Farm Service Agency		Welcome MITEST42 TRAIN42	Personalize System News
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Home	- Representative Capac	ity Relationships	
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Farm Records			
Product Master			
Recent Items			
BC FARMS INC E & J YOUNG F			

9. Click the **Relationship Category** dropdown icon 🔽 to display the list of Relationship Categories.



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Home	- Representative Ca	pacity Relationships	
Worklist	Relationship Cat		
Business Partner 🔸		Has FSA Attorney in Fact	
Farm Records		Has Non-FSA Attorney in Fact Has Signature Authority	
Product Master			
Recent Items			
BC FARMS INC E & J YOUNG F			

Customer: BC FARMS INC Relationships

10. Click **Has FSA Attorney in Fact** Has FSA Attorney in Fact from the dropdown list.



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Customer: BC FARMS INC FSA Power of Attorney

11. Click the Attorney-In-Fact Open Input Help button 🗇 to go to the Search Criteria window.



You will now be searching for the Business Partner that will become the Attorney-In-Fact.



Search Criteria

Search Criteria											Hide S	earch Field
Search for:	Custo	mer			•							
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First Name		•	is	-				5	•			
Last Name		-	is	-				э (•			
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Service Center		-	is	-	SHELBY C	OUNTY - IN	-	5	•			
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12. As required, complete/review the following fields:

Field	R/O/C	Description
Last Name	R	Business Partner's Last Name
		Example: Mildred
First Name	R	Business Partner's First Name
		Example: Harris



Search Criteria											Hide S	earch Field
Search for:	Custo	mer			•							
Business Name		-	is	-					•			
First Name		-	is	•	Mildred				•			
Last Name		-	is	-	Harris				•			
Middle Name		-	is	-					•			
Common Custom	er Name	e 🔻	is	•				•	•			
BP Number/ID		-	is	•				•	>			
Role		-	is	•			•	•	•			
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Legacy State		-	is	•	INDIANA		-	•	•			
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13. Click the Search button Search



Search Criteria											Hide Se	arch Field
Search for:	Custo	mer			•							
Business Name		•	is	-			0	•				
First Name		-	is	-	MILDRED		0	•				
Last Name		-	is	-	HARRIS		0	•				
Middle Name		-	is	-			0	•				
Common Custom	er Nam	• 🔻	is	•			0	•				
BP Number/ID		-	is	•			0	•				
Role		-	is	-			• 0	•				
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Legacy State		-	is	-	INDIANA		• 0	•				
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14. Click the Common Customer Name from the Result List MILDRED H HARRIS MILDRED H HARRIS to go to the Customer FSA Power of Attorney page.



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Worklist							
Business Partner	- Attorney in Fact (General Data					
Dusiness Faither	Attorney-In-Fact:	8000000179	Effective Date:*	04/09/2013		67	
Farm Records 💦 📩	Full Name:	MILDRED H HARRIS	Status:	In Creation		-	
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Customer: BC FARMS INC FSA Power of Attorney

15. Click the **County** field Open Input Help button 🗖 to go to the search window.



The message status will remain red until all required entries are completed.



This is the County of the Attorney-In-Fact.



FSA Codes

16. Click the **State** field dropdown icon **to** display the list of states.

FSA Codes

State:	•	
County:	ALABAMA ALASKA AMERICAN SAMOA	
State	ARIZONA	FSA Code
No result f	ARKANSAS CALIFORNIA	

17. Scroll to the State.



FSA Codes

State: County:	FLORIDA GEORGIA GUAM HAWAII	•	*		
State	IDAHO ILLINOIS			FSA Code	
No result	INDIANA		•		

18. Click the State INDIANA INDIANA

FSA Codes

State:	INDIANA	-		
County:		-		
	Search			
01-1-		Countu	ESA Codo	

- **19.** Click the **County** dropdown icon to display the list of Counties.
- **20.** Scroll to the County.
- **21.** Click the **County** RUSH **RUSH** .
- 22. Click the Search button Search to display the County.



FSA Codes

State: County:	INDIANA RUSH Search	•		
State		County	FSA Code	
INDIAN	A	RUSH	18139	
I	DIANA			

23. Click on the State INDIANA to populate the County field and to return to the Customer FSA Power of Attorney page.

Customer: BC FARMS INC FSA Power of Attorney

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24. Click the Receiving Office field Open Input Help icon 🗇.



The system will default to the County Office, of the user, into the Receiving Office field. If the correct value is in the field, you can skip the next 9 steps and go directly to step View FSA, NRCS and CCC Programs assignment block.

Service Center Search

State:	-		
County:	-		
Search			
Service Center Short Name		Service Center Long Name	
No result found			

- **25.** Click State dropdown icon rot to display the list of states.
- **26.** Scroll to the State
- **27.** Click the state INDIANA INDIANA
- **28.** Click the County dropdown icon **v** to display the list of Counties.
- **29.** Scroll to the County.
- **30.** Click the County RUSH RUSH
- **31.** Click the **Search** button **Search** to display the County Office Service Center.

Service Center Search

State: County:	INDIANA RUSH Search	•	
Service	Center Short Name		Service Center Long Name
RUSH (COUNTY - IN		SHELLBY COUNTY FARM SERVICE AG
	DUSH COUNTY IN		

32. Click the Service Center Short Name RUSH COUNTY - IN to populate the



County Office Name in the Receiving Office field and to return to the Customer FSA Power of Attorney page.

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Business Partner 📩	Receiving Office:							
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Recent Items BC FARMS INC	- FSA, NRCS and C	CCC Programs CPNew				1 &	≙	
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Customer: BC FARMS INC FSA Power of Attorney

33. View the **FSA**, **NRCS and CCC Programs** assignment block and complete as required.

The default is "All current and all future programs." The scope of what the person with the Power of Attorney can do, may be limited by selecting specific programs from the "Program" dropdown list.



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Worklist	Address:	6759 Main St.	Source:	SAP			-	
Business Partner	Receiving Office:	SHELLBY COUNTY FARM SERVI						
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Customer: BC FARMS INC FSA Power of Attorney

- 34. View the **Program Transactions** assignment block and complete as required.
 - The default is "All Actions". The scope of what the person with the Power of Attorney can do, may be limited by selecting specific program transactions from the "Transaction" dropdown list.



United States Dep Farm Ser	partment of Agriculture vice Agency	Welcome MITEST42 TF	RAIN42	Personalize Sy	sten	n Ne	ws	Log	Off
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	Signature count								

Customer: BC FARMS INC FSA Power of Attorney

35. View the **Farms** assignment block and complete as required.

The default is "All Farms". The scope of what the person with the Power of Attorney can do, may be limited by selecting Farm and adding specific farms to the Power of Attorney. Farms are selected from Farm Records.



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BC FARMS INC FSA Power of Attorney

36. View Insured Crops Assignment Block and complete as required.

This step is Optional. The scope of what the person with the Power of Attorney can do, may be limited by selecting all crops or designating specific crops.



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BC FARMS INC FSA Power of Attorney

37. View Crop Insurance Transactions Assignment Block.

This step is Optional. By clicking New the scope of what the person with the Power of Attorney can do, may be limited by selecting specific transactions from the Transaction dropdown.



Customer: BC FARMS INC

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38. Click the Save & Back button Save & Back

Submit Relationship



39. Click the **Yes** button **Yes** if all information is accurate and complete.



Customer: BC FARMS INC

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🕒 📝 Has FSA Attorney in Fact	MILDRED H HARRIS	In Creation	04/16/2013
Program Participation Associated Count	ies		
Edit			

40. Click **Print** Action button 🖶 to print out the "Created" FSA Power of Attorney.

File Download

File Download 🛛 🛛 🔀
Do you want to open or save this file?
Name: uif_callback.pdf
Type: Adobe PDF Reader, 26.3KB
From: midvcrdb.fmmiad.fmmi.usda.gov
Open Save Cancel
While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. <u>What's the risk?</u>
41. Click Open button Open .



Print Preview

		DEPARTMENT OF AGRICULTURE							
	(12-17-08) Farm Service Agency - Natural Resources Conservation Service -								
	Commodity Credit Corporation - Federal Crop Insurance Corporation - Risk Management Agency POWER OF ATTORNEY								
THE UNDERSIGNED does hereby appoint the following grantee:									
	(1) MILDRED H HARRIS of the following a	ddress: (2) 1445 W 650 N RUSHVILLE							
	in the county of: (3)	RUSH in the State of:							
	(4) (insert grapter's name) in connection with the Farm Service Agen	the attorney-in-fact for(5) BC FARMS INC							
(insert grantor's name) in connection with the Farm Service Agency, Natural Resources Conservation Service Agency, or Commodity Credit programs checked NOTE: This power of attorney form is not valid for FSA Farm Loan Program purposes.									
	A. FSA, NRCS and CCC PROGRAMS	B. TRANSACTIONS for ESA_NRCS and CCC PROGRAMS							
	(Check applicable programs)	(Check applicable actions)							
	 2. All current and all future programs. Assistance Program 	1. All actions. 2. Signing applications, agreements and							
	3. Direct and Counter-Cyclical Program. 11. Marketing Assista Loan Deficiency Pa	ce Loans and contracts.							
	4. Average Crop Revenue Election 12. Milk Income Loss	3. Making reports.							
	5. Supplemental Revenue Assistance 73. Supplementation Re	4. Conducting all marketing assistance loan and LDP transactions.							
	Payments Program (SURE). Program.	5. AGI Certification							
	6. Tree Assistance Program (TAP). 14. FSA Conservation	Programs. 6. Routing Banking Accounts							
	7. Livestock indemnity Program (LIP). 15. NRCS Conservation	Programs. 7. Other (Specify):							
	8. Livestock Forage Disaster Program (LEP). 16. Tobacco Program								
	9. Emergency Assistance for 17. Other (Specify):								
	Livestock, Honey Bees, and Farm-Raised Fish (ELAP).								
This form may also be used to grant authority to an attorney in fact to act on the granter's behalf with report to ECIC gran insuran									
	Checking any of the FCIC transactions does not have any imp	ict as to the FSA, NRCS or CCC transactions checked above:							
C. INSURED CROPS/STATE/COUNTY D. CROP INSURANCE TRANSACTIONS									
	(Enter "All" or specify each crop, state, county and year(s)	(Check applicable actions)							
	1.	All actions. 5. Making transfers and cancellations.							
	2.	Making application for insurance. 6. Making contract changes. 7. Other (Cost)							
	3	Reporting crop acreage and production							
	4	Reports. Reporting a notice of damage or loss							
and making claim for indemnity.									
	of its revocation has been duly served upon FSA, NRCS or CCC as appropri	servise noted. This power of attorney shall remain in rul force and effect until (1) written notice ate; (2) death of the undersigned grantor; or (3) incompetence or incapacitation of the undersigne							
	grantor. The undersigned grantor shall provide separate written notice of	revocation to the applicable crop insurance agent. This power of attorney shall not be effective							
	AUTHORIZED SIGNATURES								
	6A. Signature of Grantor (Individual)	68. Signature Date (MM-DD-YYYY) 6C. For Grantor's Signature							
		Continuation, check here							
	7A Signature of Granter (Partnershin Corporation	70. Title/Delationship of Individual Signing 70. Signature Date (MM-DD-VVVV)							



Print

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1	This form is available electronically. U.S. DEPARTMENT OF AGRICULTURE FSA-211 (12-17-08) Fam Service Agency - Natural Resources Conservation Service - Commodity Credit Corporation - Federal Crop Insurance Corporation - Risk Management Agency THE UNDERSIGNED does hereby appoint the following ganderse: (1) MILDRED H HARRIS of the following ganderse: RUSH (1) In the county of: (3) (2) RUSH (3) RUSH (4) IN (1) In the State of: (1) IN (2) RUSH (3) RUSH (4) IN (1) IN (1) IN (1) IN (2) IN (3) Recirc Agency, or Commodity Credit Corporation (4) IN (5) IN (6) Notinsured Cop Disastra (7)						
1	Program (LP). 17. Other (Specify): 19. Emergency Assistance for Livestock, Honey Bees, and Farm-Raised Fish (ELAP). 17. Other (Specify): This form may also be used to grant authority to an attorney-In-fact to act on the grantor's behalf with respect to FCIC crop Insurance policies Checking any of the FCIC transactions does not have any Impact as to the FSA, NRCS or CCC transactions checked above: C. INSURED CROPS/STATE/COUNTY D. CROP INSURANCE TRANSACTIONS (Check applicable actions) 1. 1. All actions. 5. Making transfers and cancellations. 2. 3. Reporting crop acreage and production reports. 6. Making contract changes. 3. - - - 4. - - - - This Power of Attomey is valid in all counties in the United States unless otherwise noted. This power of attomey shall remain in full force and effect until (1) written not of its revocation has been duly served upon FSA, NRCS or CCC as appropriate; (2) death of the undersigned grantor, or (3) incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attomey shall not be effect until properly executed and served to a USDA Service Center. AUTHIORIZED SIGNATURES 68. Signature Date (MM-DD-YYYY) 61. For Grantor Signature Continuation, check here if FSA-211A is attached. 7A. Signature of Grantor (Partnership, Corporation, 78. Title/Relati						

44. Click the **Close** button **Solution** once you are through printing the form.



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	A Customer Type	Organization Name	General Progra	am Int Current	Participant		

Customer: BC FARMS INC Representative Capacity

45. Click the HOME button Home

to go to the CRM Home page.

See the **Signature and Attachments for FSA Power of Attorney** simulation and work instructions for how to activate the Power of Attorney once it is signed and completed.



The FSA Power of Attorney will now reflect as "In Creation".



Result

You have created an FSA Power of Attorney with an in creation status.



Next Steps

See the **Signature and Attachments for FSA Power of Attorney** simulation and work instructions for how to activate the Power of Attorney once it is created.