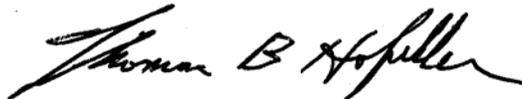


For: State Office Administrative Officers and CED's

Completing FSA-954, FSA Real Property Physical Inventory Survey

Approved by: Associate Administrator for Operations and Management



1 Overview

A Background

The USDA Office of Procurement and Property Management (OPPM) has directed Departmental agencies to initiate a process to conduct a cyclical physical inventory of all real property owned and leased assets, once every 5 years for each asset, beginning in FY 2008. This directive is in conjunction with GSA real property management policy. The implementation of the physical inventory process is graded on the agency portion of the USDA Internal Scorecard.

B Purpose

This notice provides guidance and instructions for completing FSA-954.

C Contact

If there are questions about this notice contact Steve Jones, MSD, Property and Facilities Management Branch by either of the following:

- e-mail at steve.jones@wdc.usda.gov
- telephone at 202-720-8729.

Disposal Date	Distribution
January 1, 2009	State Offices; State Offices relay to County Offices

Notice AS-2151

2 Performing the Real Property Inventory Survey

A Scope of the Inventory Survey

State and County Offices will use FSA-954 to manually collect and record lease data on FSA commercial leases that are due for a leasing action during the current fiscal year (the current lease agreement is scheduled to expire). FSA-954 consists of 24-mandatory data items that are tracked and reported through the USDA Corporate Property Automated Information System (CPAIS). Since the survey data collected is used to update CPAIS, the scope of the survey shall include leases to be extended for a term less than 5 years, as well as new leases, superseding leases, and lease renewals.

B Inventory Survey Responsibilities

CED, or designee, shall complete a separate FSA-954 for each County Office (Administrative Officer (AO) for State Office, if applicable) that is housed under an FSA commercial lease and has a lease action due in the current fiscal year. Following are actions that need to be followed for each FSA-954.

IF FSA-954 is completed for a...	THEN...
County Office	<ul style="list-style-type: none">• CED, or designee, completes and signs FSA-954 as onsite official, then forwards original to AO • AO signs and keeps original FSA-954 in State Office lease file and faxes 1 signed copy to CED and MSD, PFMB, Attention: CPAIS Real Property POC at 202-690-4790.
State Office	<ul style="list-style-type: none">• AO or designee completes FSA-954 • AO signs the completed FSA-954 as on-site official • AO keeps original FSA-954 in State Office lease file and faxes 1 signed copy to MSD, PFMB, Attention: CPAIS Real Property POC at 202-690-4790.

C Entering Information in CPAIS

State CPAIS Data Manager certifies the inventory as complete in CPAIS and uses the completed State and county FSA-954's to enter updates into CPAIS in preparation for the annual GSA Federal Real Property Profile Report (FRPP)

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2 Performing the Real Property Inventory Survey (Continued)

D Completion Deadline

All FSA-954 physical inventory surveys must be completed no later than May 31 of each fiscal year, beginning with FY 2008. This will allow sufficient time for updating CPAIS and meeting the FRPP reporting requirement. Extensions may be requested through the CPAIS Real Property POC for FY 2008 only.

FSA-954, FSA Real Property Physical Inventory Survey

Following is an example of FSA-954.

<p>This form is available electronically.</p> <p>FSA-954 (03-05-08)</p> <p align="center">U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency</p> <p align="center">FSA REAL PROPERTY PHYSICAL INVENTORY SURVEY (Use for FSA Lead Agency Commercial Leases)</p>		<p>Reporting Agency Code</p> <p align="center">FA</p> <p>Current Fiscal Year</p>
<p>INSTRUCTIONS: The State Administrative Officer (AO), or designee, shall complete a separate FSA-954 for each County Office (and State Office, if applicable) that is housed under an FSA commercial lease and has a lease action due in the current fiscal year.</p> <p>All FSA-954 physical inventory surveys must be completed no later than May 31st of each fiscal year, beginning with FY 2008. This is to allow sufficient time for updating CPAIS and meeting the FRPP reporting requirement.</p> <p>State CPAIS Data Manager certifies the inventory as complete in CPAIS and uses the completed FSA-954 to enter updates into CPAIS in preparation for the annual GSA Federal Real Property Profile Report (FRPP).</p>		
<p>1A Name and Address of State Office responsible for survey.</p>		<p>1B Phone Number of State Office responsible for survey</p>
<p>2A Survey Site (Name of County or State Office):</p>		
<p>2B. Physical Address of County or State Office:</p>		
<p>2C. First Street Address:</p>		
<p>2D. Second Street Address (Optional):</p>		
<p>2E. City:</p>		
<p>2F. County:</p>		
<p>2G. State:</p>		
<p>2H. Zip Code:</p>		
<p>3. Lease/Building ID Number (Copy from CPAIS Lease Screen, Ex. 01-005-0)</p>		<p>4A. Status of Lease</p> <p><input type="checkbox"/> Active <input type="checkbox"/> Expired <input type="checkbox"/> Terminated</p>
<p>4B. Status of Office (Check one). NOTE: An Office is "Disposed" Only if FSA has closed its portion of the office</p> <p><input type="checkbox"/> Existing - Operational <input type="checkbox"/> Disposed</p>		<p>4C. If Status of Office is "Disposed", skip Items 5 through 21. CED/AO sign Items 22 and 23. Will the Office be consolidated with a neighboring County Office? If "YES", include County Name.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Lease Effective Date (MM/DD/YYYY)</p>	<p>6. Lease Expiration Date (MM/DD/YYYY)</p>	<p>7. Lease Annual Rent Amount</p> <p>\$</p>
<p>8. Lease Authority</p> <p>Provider of Choice Authority-GSA</p>	<p>9. Lease Level of Service (Check one)</p> <p><input type="checkbox"/> Fully Serviced <input type="checkbox"/> Unserviced</p> <p><input type="checkbox"/> Partially Serviced</p>	<p>10. Lease Total Square Feet</p>
<p>11. Annual Rate per Square Foot</p>	<p>12. Property Type</p> <p align="center">USDA Leased</p>	<p>13. Predominant Use</p> <p align="center">Office</p>
<p>14. Mission Dependency, Not Critical</p>		

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FSA-954, FSA Real Property Physical Inventory Survey (Continued)

FSA-954 (03-05-08)		Page 2	
15. Occupancy (Enter number of employees and workstations for each Agency and Personnel type)			
A. AGENCY (Code)	B. PERSONNEL TYPE	C. NUMBER OF EMPLOYEES	D. NUMBER OF WORKSTATIONS
FSA (FA-Federal)	Peak Permanent		
	Peak Part-Time/Temp		
	Peak Non-Agency		
FSA (CE-Non-Federal)	Peak Permanent		
	Peak Part-Time/Temp		
	Peak Non-Agency		
RD (07)	Peak Permanent		
	Peak Part-Time/Temp		
	Peak Non-Agency		
NRCS (16)	Peak Permanent		
	Peak Part-Time/Temp		
	Peak Non-Agency		
Other (Name)	Peak Permanent		
	Peak Part-Time/Temp		
	Peak Non-Agency		
Other (Name)	Peak Permanent		
	Peak Part-Time/Temp		
	Peak Non-Agency		
Other (Name)	Peak Permanent		
	Peak Part-Time/Temp		
	Peak Non-Agency		
16. Historical Status (Default answer is "Evaluated, Not Historic"). (Check one)			
<input type="checkbox"/> Evaluated, Not Historic <input type="checkbox"/> National Historic Landmark-NHL <input type="checkbox"/> National Register Eligible-NRE <input type="checkbox"/> National Register Registered-NRL <input type="checkbox"/> Non-Contributing Element of NHL/NRL DIST			
17. Date of Physical Inventory Survey	18. Congressional District (Enter the number of the District where the site resides)	19. Lease Annual Operating Cost (For a fully serviced lease enter annual rent; for an other than fully serviced lease enter annual rent plus additional costs)	
		\$	
20. Accessibility Status (Check one) <input type="checkbox"/> Accessible <input type="checkbox"/> Not Accessible <input type="checkbox"/> Useable			
21. Accessibility Compliance (See CPAIS for definitions of choices) (Check one)			
<input type="checkbox"/> Full Compliance <input type="checkbox"/> Substantial Compliance <input type="checkbox"/> Less than substantial compliance <input type="checkbox"/> Waiver			
Certification			
<i>The following FSA Officials certify the completion and accuracy of this survey.</i>			
22A. Name of CED	22B. Signature of CED	22C. Date Signed	
23A. Name of State AO	23B. Signature of State AO	23C. Date Signed	