

For: State and County Offices

**Revised Instruction for
Shared Management Operations and Combination County Report (BU-546R)**

Approved by: Deputy Administrator, Management



1 Overview

A Background

Notice BU-667 provided instructions for State Offices to prepare report BU-546R on FSA-467. This notice provides revised instructions for preparing the report.

B Purpose

This notice:

- modifies FSA-467 to include the County Office where producers records are maintained
- provides a revised due date for State Offices to submit the annual BU-546R for FY 2004
- provides revised instructions for completing the updated FSA-467
- instructs State Offices to only use the revised FSA-467 dated 6-04-04
- provides notice for State Offices to prepare an annual update for **all** County Offices
- provides notice for State Offices to prepare a monthly update for County Office changes
- provides an expanded Exhibit 1
- obsoletes Notice BU-667.

Disposal Date	Distribution
December 1, 2004	State Offices; State Offices relay County Offices
6-9-04	Page 1

Notice BU-669

2 Reports

A Background

Because of County Office reorganization and relocations, it continues to be necessary to closely monitor shared management offices and combined County Offices.

The records are used:

- to update County Office combinations and decombinations for transmission of the County Office Workload Reports
- for annual reporting to OMB and congressional inquiries.

This year the records will also be used for comparison purposes in the COC election process.

B Annual Update

Follow instructions in Exhibit 1 to prepare a consolidated FSA-467 for FY 2004, which should include **all** County Offices. Historically, only combined County Offices were listed on the report; however, it is important that all County Offices, even stand-alone headquarters offices, be listed in an effort to obtain accurate information on all County Offices. Use the following guidelines for completing the report.

- Send FSA-467 to the Director, BUD, through DAFO, by **June 16, 2004**.
- Regardless of any anticipated changes, list the County Office status as of June 4, 2004.

C Monthly Update

Follow instructions in Exhibit 1 to prepare FY 2004 monthly FSA-467 to include only changes. Use the following guidelines for completing the report.

- Send FSA-467 to the Director, BUD, through DAFO, by **the 10th workday of each month**.
- Regardless of any anticipated changes, list only the County Office status as of the last day of each month.
- The first monthly report for June 2004 is due **July 10, 2004**.
- Negative monthly reports are **not** required from State Offices when there are no changes.

C Contact and FAX

Contact Bob Flores at 202-720-9068 if you have any questions. FAX a completed FSA-467 to Raenata Walker, DAFO at 202-720-1096 and to Bob Flores, BUD at 202-690-0591.

FSA-467, Shared Management Operations and Workload Reporting (BU-546R)

A Completing FSA-467

Complete FSA-467 according to the following instructions.

Item/ Column	Instruction
1	Enter State name.
2	Enter current date.
3	Enter fiscal year.
4	Enter report month.
A	Enter in alphabetical order the names of all the County Offices.
B	<p>Select the appropriate check box corresponding to County Office Type. See legend for description of office types. In addition, see Notice AO-1305 or see definitions for Shared Management and Combined Offices as follows.</p> <p>Shared Management</p> <ul style="list-style-type: none"> • CED manages 1 headquarter County Office and 1 or more full-time sub-office. • The sub-office does not have a full-time CED physically located in the office. • Each office operates independent of the other (other than administrative). <p>Combined/Closed Office</p> <ul style="list-style-type: none"> • Is a shared management headquarter office with 1 or more part-time or closed office. • One office remains open full-time and 1 or more offices are closed or part-time. <p>Note: May include counties that never had an office.</p> <ul style="list-style-type: none"> • Has only 1 COC.
C	Enter the office name of the County Office where producer records are maintained.
D	Enter the county name of the corresponding Workload Reporting Office. Leave the entry blank if the office type is “N” (Non-Agricultural County). Non-Agricultural Counties by definition do not have a corresponding Headquarter County.
E	Enter the county name of the corresponding Headquarter Office. Leave the entry blank if the office type is “N” (Non-Agricultural County). Non-Agricultural Counties by definition do not have a corresponding Headquarter County.
F	Enter the effective date for all new Shared Management or Workload Reporting changes.
G	Select the appropriate check box to identify Office Status. Make a selection for all open offices. A part-time office by definition is an FSA office with regularly established office hours less than 40 hrs per week, is managed by CED, and reports workload with the Headquarters Office. Do not make a selection for Closed or Non-Agricultural Counties. A Closed or Non-Agricultural County by definition is neither full- nor part-time.
5	Add comments, if any, to explain details.
6	Enter the name of the person preparing the report.
7	Enter the date the report was prepared.
8	Enter the telephone number of the person preparing the report.

FSA-467, Shared Management Operations and Workload Reporting (BU-546R) (Continued)

B Example of FSA-467

The following is an example of FSA-467.

This form is available electronically.

FSA-467 (06-04-04)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency				1. STATE					
SHARED MANAGEMENT OPERATIONS AND WORKLOAD REPORTING						2. CURRENT DATE (MM-DD-YYYY)					
REPORT NO: BU-546R						3. FISCAL YEAR	4. MONTH				
Instructions: Send FSA-467 to the Director, BUD, through DAFO, by the 10 th workday of each month. Negative reports are not required from Sale Office when there are no changes.											
A. COUNTY NAME	B. 1/ COUNTY OFFICE TYPE <i>(select one only)</i>				C. RECORD MAINTENANCE OFFICE	D. WORKLOAD REPORTING OFFICE	E. ADMINISTRATIVE HEADQUARTERS	F. EFFECTIVE DATE <i>(MM-DD-YYYY)</i>	G. 2/ OFFICE STATUS <i>(select one only)</i>		
	H	S	C	N					FT	PT	
Adams	X				Adams	Adams	Adams		X		
Buchanan		X			Adams	Buchanan	Adams		X		
Carter			X		Buchanan	Buchanan	Adams				
Chester				X	<i>Leave blank if type office equals "N"</i>	<i>Leave blank if type office equals "N"</i>	<i>Leave blank if type office equals "N"</i>				
Coolidge		X			Coolidge	Coolidge	Jefferson		X		
Eisenhower	X				Eisenhower	Eisenhower	Eisenhower		X		
Ford			X		Buchanan	Buchanan	Adams			X	
Garfield			X		Buchanan	Buchanan	Adams				
Grant		X			Grant	Grant	Jefferson		X		
Grover			X		Grant	Grant	Jefferson				
Harding			X		Washington	Washington	Washington				
Jefferson	X				Jefferson	Jefferson	Jefferson		X		
Washington	X				Washington	Washington	Washington		X		
5. COMMENTS:											
6. Prepared by				7. Date Prepared <i>(MM-DD-YYYY)</i>		8. Telephone Number <i>(Include Area Code)</i>		1/ Office Type Legend: H = Administrative HQ S = Full-time Sub-office C = Closed/Part-Time sub-office N = Non-Agricultural		2/ Office Status Legend: FT = Full Time PT = Part Time	
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