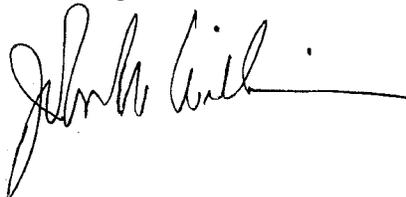


For: State and County Offices

**Instructions for FSA-467,  
Shared Management Operations and Combination County Report (BU-546R)**

Approved by: Deputy Administrator, Management



**1 Overview**

**A Background**

3-BU, paragraph 33 and Exhibit 12 require State Offices to prepare a consolidated report BU-546R on FSA-467.

**B Purpose**

This notice:

- provides a due date for State Offices to submit consolidated FSA-467 for FY 2005
- provides a schedule for State Offices to submit consolidated monthly FSA-467 for FY 2005, if necessary
- provides instructions for completing FSA-467
- instructs State Offices to use **only** FSA-467 dated 6-04-04.

<b>Disposal Date</b>	<b>Distribution</b>
March 1, 2006	State Offices; State Offices relay County Offices

## Notice BU-681

### 2 Reports

#### A Background

FSA-467 is required to:

- update County Office combinations and decombinations for transmission of the County Office workload reports
- prepare annual reports for OMB and congressional inquiries
- prepare for the annual COC election process.

#### B Annual Update

Follow instructions in Exhibit 1 to prepare FSA-467 for FY 2005 that should include **all** County Offices. Historically, only combined County Offices were listed on the report; however, it is important that **all** County Offices, including stand-alone headquarter County Offices, be listed in an effort to obtain accurate information on all County Offices. Use the following guidelines for completing FSA-467.

- Send FSA-467 to Director, BUD, through Deborah Johnson, DAFO.
- Consolidated annual FSA-467 is due **May 15, 2005**.
- Only report County Office status as of the issue date of this notice.

**Note:** Do **not** report pending changes.

#### C Monthly Update

Follow instructions in Exhibit 1 to prepare FSA-467 for FY 2005 updates. Use the following guidelines for completing monthly FSA-467's.

- If there are changes, send FSA-467 to Director, BUD, through Deborah Johnson, DAFO, by **the 10<sup>th</sup> workday of each month**.
- Negative monthly reports are **not** required if there are no changes from the prior reporting period.
- Only report the County Office status as of the last day of the reporting month.

**Note:** Do **not** report pending changes.

**Notice BU-681**

**2 Reports (Continued)**

**C Monthly Update (Continued)**

- The schedule and due dates for monthly FSA-467 is as follows.

<b>Report Schedule for Monthly Updates</b>	
<b>Month</b>	<b>Due Date</b>
May	June 14, 2005
June	July 14, 2005
July	August 12, 2005
August	September 14, 2005
September	October 17, 2005
October	November 15, 2005
November	December 14, 2005
December	January 13, 2006
January	February 17, 2006
February	March 17, 2006

**D Contact and FAX**

If you have any questions contact:

- Bob Flores, BUD, at 202-720-9068
- Zina Riley, DAFO, at 202-720-0258
- Deborah Johnson, DAFO, at 202-720-0007.

FAX completed FSA-467's to:

- Zina Riley or Deborah Johnson, DAFO, at 202-720-1096
- 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 date.
3	Enter FY.
4	Enter report month.
A	Enter in alphabetical order the names of all County Offices.
B	<p>Check the appropriate box corresponding to County Office type (see legend at bottom of form for description of office types). Definitions for shared management and combined offices are as follows (see Notice AO-1305).</p> <p>Shared Management:</p> <ul style="list-style-type: none"> <li>• CED manages 1 headquarter County Office and 1 or more staffed full-time sub-offices</li> <li>• sub-office does not have a full-time CED physically located in the office, but has a full-time staff</li> <li>• each office operates independently of the other (other than administrative).</li> </ul> <p>Combined/Closed Office:</p> <ul style="list-style-type: none"> <li>• 1 headquarter office with 1 or more unstaffed, part-time, or closed office</li> <li>• has only 1 COC</li> <li>• headquarter office remains open full-time and 1 or more County Offices are part-time or closed</li> <li>• all producer records are maintained at the headquarter office.</li> </ul> <p><b>Note:</b> May include counties that never had an office.</p>
C	Enter County Office name where producer records are maintained.
D	Enter County Office name of the corresponding workload reporting office. Leave entry blank if the office type is "N" (non-agricultural county). Non-agricultural counties do not have a corresponding headquarter county.
E	Enter County Office name of the corresponding headquarter office. Leave entry blank if the office type is "N" (non-agricultural county). Non-agricultural counties do not have a corresponding headquarter county.
F	Enter effective date for all new shared management, closure, or workload reporting changes.
G	<p>Check appropriate box to identify office status. Make a selection for all open offices. A part-time office is an office:</p> <ul style="list-style-type: none"> <li>• with regularly established office hours less than 40 hours per week</li> <li>• with no full-time staff or System 36</li> <li>• that reports workload with the headquarters office.</li> </ul> <p><b>Note:</b> Do not make a selection for closed or non-agricultural counties. A closed or non-agricultural county is neither full- nor part-time.</p>
5	Enter comments, if any, to explain details.
6	Enter name of the person preparing the report.
7	Enter date the report was prepared.
8	Enter 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.

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