

For: State and County Offices

Instructions for Completing FY 2007 FSA-467's (BU-546R)

Approved by: Deputy Administrator, Management



1 Overview

A Background

3-BU, paragraph 33 and Exhibit 12 requires State Offices to periodically report the current status of County Offices by submitting FSA-467's to the National Office.

B Purpose

This notice:

- provides a schedule for State Offices to submit FSA-467's for FY 2007
- provides instructions for completing FSA-467
- instructs State Offices to **only** use FSA-467 dated "6-04-04".

2 Annual and Monthly FSA-467's

A FSA-467's

FSA-467's are used by BUD and DAFO to:

- update shared management and County Office combination tables
- update County Office workload reports
- prepare annual reports for OMB and congressional inquiries
- track County Office relationships and the effect on COC structures.

B Annual FSA-467's

Annually, all State Offices shall submit FSA-467 showing the status of **all** County Offices. Do **not** report pending or temporary changes. See subparagraph D for due dates. Prepare FSA-467 according to Exhibit 1.

Note: FAX FSA-467's to BUD and DAFO according to subparagraph E.

Disposal Date	Distribution
November 1, 2007	State Offices; State Offices relay to County Offices

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2 Annual and Monthly FSA-467's (Continued)

C Monthly FSA-467's

Each month, the State Office shall:

- review the status of their County Offices
- submit FSA-467 **only** if there are changes from the previous report.

See subparagraph D for due dates. Only County Offices with **permanent changes** in shared management or closed/part-time combinations should be listed on monthly FSA-467's.

Note: FAX FSA-467's to BUD and DAFO according to subparagraph E. Negative reports are **not** required.

D FSA-467 Reporting Schedule

The following provides due dates for annual and monthly FSA-467's.

Month	Due Date	Report Type
October	December 8, 2006	Annual
November/December	January 16, 2007	Monthly
January	February 14, 2007	Monthly
February	March 14, 2007	Monthly
March	April 13, 2007	Monthly
April	May 14, 2007	Monthly
May	June 14, 2007	Monthly
June	July 16, 2007	Monthly
July	August 14, 2007	Monthly
August	September 17, 2007	Monthly
September	October 15, 2007	Monthly

E Contact and FAX Information

If there are any questions about this notice, contact either of the following:

- Deborah Johnson, DAFO, at 202-720-0067
- Debra Hall, BUD, at 202-690-3566.

Completed FSA-467's shall be FAXed to **both** of the following:

- Deborah Johnson, DAFO, at 202-720-5900
- Debra Hall, BUD, at 202-690-3566.

Instructions and Example of FSA-467

A Completing FSA-467

Complete FSA-467's according to the following.

Item	Instruction
1	Enter State name.
2	Enter date.
3	Enter FY.
4	Enter report month.
A	Enter, in alphabetical order, the names of: <ul style="list-style-type: none"> • all counties for the annual report • only counties with permanent changes for the monthly report.
B	Select the appropriate box corresponding to County Office type. <p>Notes: See <u>1/</u> for a description of office types.</p> <p>A shared/sub-office:</p> <ul style="list-style-type: none"> • is open full-time <p>Note: If the sub-office is open part-time, then it is not “shared management” for budget purposes and is considered “combined/closed”.</p> <ul style="list-style-type: none"> • has CED managing 1 headquarter County Office and 1 or more full-time sub-offices • does not have a full-time CED physically located in the office • operates independent of the headquarter office (other than administrative) • maintains its own separate COC. <p>A combined/closed office:</p> <ul style="list-style-type: none"> • has 1 corresponding headquarter office which remains open full-time • is unstaffed, part-time, or closed • has all producer records maintained at the headquarter office • reports workload with either the headquarter office or shared management sub-office • has only 1 COC representing the headquarter and the closed/combined County Offices.

Instructions and Example of FSA-467 (Continued)

A Completing FSA-467 (Continued)

Item	Instruction
	Note: If a County Office is identified as “N” (non-agricultural) in item B, then leave items C, D, and E blank.
C	Enter office name of the County Office where producer records are maintained.
D	Enter county name of the corresponding workload reporting office.
E	Enter County Office name of the corresponding headquarter office.
F	Enter effective date for all new shared management, closed, or workload reporting changes.
G	<p>Check box to identify office status. Make a selection for all full-time and part-time offices.</p> <p>Note: See <u>2/</u> for a description of office status.</p> <p>A part-time office is an office:</p> <ul style="list-style-type: none"> • with regularly established office hours less than 40 hours per week • with no full-time staff • with no System 36 • that reports workload through the corresponding headquarter or shared management sub-office. <p>Note: If an office is identified as type “S” in item B, then the office must be identified as full-time (FT). If the office is open part-time, then for budget purposes, it should be identified as a type “C” in item B.</p>
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.

Instructions and Example of FSA-467 (Continued)

B Example of FSA-467

The following is an example of a completed FSA-467.

U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency										1. STATE Always/ontime	
SHARED MANAGEMENT OPERATIONS AND WORKLOAD REPORTING										2. CURRENT DATE(MM-DD-YYYY) 12/8/06	
										3. FISCAL YEAR 2007	
REPORT NO. BU-546R										5. COMMENTS:	
Instructions: Send FSA-467 to the Director, BUD, through DAFO, by the 10 th workday of each month. Negative reports are not required from State Office when there are no changes.										Z. Office Status Legend:	
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. Z/ OFFICE STATUS (select one only)		
	H	S	C	N					FT	PT	
Adams	X				Adams	Adams					
Buchanan		X			Buchanan	Adams			X		
Carter			X		Buchanan	Adams	10/01/2006				
Chester				X							
Coolidge		X			Coolidge	Jefferson			X		
Eisenhower	X				Eisenhower	Eisenhower					
Ford			X		Buchanan	Adams	10/01/2006			X	
Garfield			X		Buchanan	Adams	10/01/2006				
Grant		X			Grant	Jefferson			X		
Grover			X		Grant	Jefferson					
Harding			X		Washington	Washington					
Jefferson	X				Jefferson	Jefferson					
Washington	X				Washington	Washington					
6. Prepared by I.M. Topnotch										7. Date Prepared (MM-DD-YYYY) 12/08/2006	
8. Telephone Number (include Area Code) 555-555-5555										Z. Office Status Legend: PT = Part Time FT = Full Time	
1. Office Type Legend: H = Administrative HQ S = Shared / Sub C = Combined / Closed N = Non-Agricultural										Page ___ of ___	