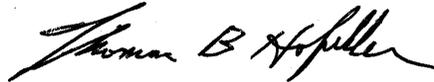


For: State and County Offices

Instructions for Completing FY 2008 FSA-467's (BU-546R)

Approved by: Associate Administrator for Operations and 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 2008
- provides instructions for completing FSA-467
- instructs State Offices to **only** use FSA-467 dated "06-04-04"
- informs State Office that workload information is no longer required on the report.

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
- prepare annual reports for OMB and congressional inquiries
- track County Office and related 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: For the FY 2007 Annual Report, also include all October and November 2007 changes. If an FY 2007 Annual Report was submitted in October, submit a report with October and November 2007 changes **only**.

Disposal Date	Distribution
November 1, 2008	State Offices; State Offices relay to County Offices

Notice BU-706

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: 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
November	December 7, 2007	FY 2007 Annual (also include changes effective for FY 2008 October and November)
December	January 15, 2008	Monthly
January	February 14, 2008	Monthly
February	March 14, 2008	Monthly
March	April 14, 2008	Monthly
April	May 14, 2008	Monthly
May	June 13, 2008	Monthly
June	July 15, 2008	Monthly
July	August 14, 2008	Monthly
August	September 15, 2008	Monthly
September	October 15, 2008	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 202-720-1096
- Debra Hall, BUD, at 202-690-0591.

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. <p>Note: Any reports that are not in alphabetical order will be required to be re-submitted.</p>
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 • 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 • 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	Leave Blank. Workload reporting information will no longer be collected.
E	Enter County Office name of the corresponding headquarter office.
F	Enter effective date for all new shared management or closed office changes. Note: Include all changes from October 1, 2006, through November 30, 2007, in the November report.
G	Check box to identify office status. Make a selection for all full-time and part-time offices. Note: See <u>2/</u> for a description of office status. A part-time office is an office with: <ul style="list-style-type: none"> • regularly established office hours less than 40 hours per week • no full-time staff • no System 36. 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.
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.

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) 12/7/07					
REPORT NO. BU-546R						3. FISCAL YEAR 2008	4. MONTH November				
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.											
A. COUNTY NAME	B. <u>1</u> COUNTY OFFICE TYPE <i>(select one only)</i>				C. RECORD MAINTENANCE BY	D. WORKLOAD REPORTING OFFICE	E. ADMINISTRATIVE HEADQUARTERS	F. EFFECTIVE DATE <i>(MM-DD-YYYY)</i>	G. <u>2</u> OFFICE STATUS <i>(select one only)</i>		
	H	S	C	N					FT	PT	
Adams	X				Adams	N/A	Adams				
Buchanan		X			Buchanan	N/A	Adams		X		
Carter			X		Buchanan	N/A	Adams	10/01/2006			
Chester				X		N/A					
Coolidge				X	Coolidge	N/A	Jefferson		X		
Eisenhower	X				Eisenhower	N/A	Eisenhower				
Ford			X		Buchanan	N/A	Adams	11/11/2007		X	
Garfield			X		Adams	N/A	Adams				
Grant		X			Grant	N/A	Jefferson	06/11/2007	X		
Harding			X		Washington	N/A	Washington				
Hoover			X		Washington	N/A	Washington				
Jefferson	X				Jefferson	N/A	Jefferson				
Washington	X				Washington	N/A	Washington				
5. COMMENTS:											
6. Prepared by I.M. Topnotch				7. Date Prepared <i>(MM-DD-YYYY)</i> 12/07/2007		8. Telephone Number <i>(Include Area Code)</i> 555-555-5555		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	

Page ___ of ___