

For: State and County Offices

Providing PS-3553, USPS Coding Accuracy Support System (CASS) Summary Report

Approved by: Acting Deputy Administrator, Farm Programs



1 Overview

A Background

County Offices will be provided PS-3553 every 3 months to use with bulk mailings to receive the maximum discounts. The CASS certification process compares customers' addresses entered by the County Office in the Service Center Information Management System (SCIMS) or AS/400, "Other Name and Address" file, to the USPS database. Addresses that match are assigned ZIP+4 and bar codes.

The FSA customer name and address ZIP+4 code process is re-validated every 3 months to ensure that County Offices continue to receive the ZIP+4 automation rate for bulk mailings.

PS-3553 is:

- a KC-Application Development Center (ADC) computer-generated form that is automatically produced when address records are processed using CASS-certified software
- valid for 3 months from the date the name and address list is matched against the USPS database and coded.

B Purpose

This notice:

- provides County Offices with a current CASS certificate to use with bulk mailings effective upon receipt of this notice
- obsoletes Notice CM-619.

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

Notice CM-639

2 Using CASS/Move Update Certification

A National Certification

USPS regulations permit the KC-ADC name and address file to be treated as 1 mailing. 1-CM, paragraphs 295 and 296 provide County Offices with the procedure to process the KC-ADC, ZIP+4 validation file. PS-3553 shall be submitted with each bulk mailing to the USPS to receive the automated discount rate. See 5-AS for mailing requirements and rates.

Notes: County Office personnel experiencing difficulty obtaining local USPS approval of PS-3553 should:

- refer local postal representative to Domestic Mail Manual A950.5.2 and A950.5.4
- have local postal representative call the USPS CASS Certification Department at 800-642-2914
- forward additional problems to Sandy Bryant, FSA, PECD, Common Provisions Branch.

In addition to the CASS certification we are also now required to run a separate certification process which compares customers' addresses entered by the County Office in SCIMS file to the USPS database for accuracy. This process is currently being run through the National Office, MSD, by a private contractor. The contractor for the 3 month period, which runs concurrently with this CASS certificate, used the "NCOA link" move update method. This information shall be provided by checking the "NCOA link" box on the applicable USPS Postage Statement (PS Form 3602-EZ) used for bulk mailings. See the following example.

Move Update Method: <input type="checkbox"/> Ancillary service endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> NCOA-link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative method <input type="checkbox"/> Multiple
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B Obtaining Automation Rate

See Exhibit 1 for a current valid copy of PS-3553. To obtain the ZIP+4 automation rate, PS-3553 shall be:

- reproduced locally by County Offices
- submitted with each mailing to USPS.

Example of PS-3553, USPS CASS Summary Report (Continued)

1 INSTRUCTIONS

A. SOFTWARE

- 1,4,7. COMPANY NAMES: ENTER THE NAME FOR EACH KIND OF SOFTWARE, AS IT APPEARS ON THE CASS/MASS CERTIFICATE.
- 2,5,8. SOFTWARE NAME & VERSION: ENTER NAME AND VERSION USED FOR EACH KIND OF SOFTWARE, AS IT APPEARS ON THE CASS/MASS CERTIFICATE.
- 3,6,9. CONFIGURATION: ENTER THE SPECIFIC SOFTWARE CONFIGURATION PARAMETER SETTINGS AS IT APPEARS ON THE CASS/MASS CERTIFICATE.
- NOTE: IF INFORMATION ENTERED IN THIS SECTION REPRESENTS THE LIST PROCESSING OF MORE THAN ONE CERTIFIED COMPANY, ATTACH A LIST OF COMPANY NAMES, SOFTWARE NAMES AND VERSIONS, AS WELL AS THE CONFIGURATION TO CODE THE ADDRESS INFORMATION USED IN THE MAILING.

B. LIST

1. LIST PROCESSOR'S NAME: ENTER THE NAME OF THE COMPANY THAT CODED THE ADDRESS LIST(S) AND/OR PERFORMED ZIP+4 MATCHING, USING CASS CERTIFIED SOFTWARE. ATTACH A LIST IF ADDITIONAL SPACE IS REQUIRED.
2. DATE LIST PROCESSED: ENTER THE PROCESSING DATE FOR EACH LIST. IF MULTIPLE LISTS, ENTER THE OLDEST DATE FROM THE LISTS.
3. DATE OF DATABASE PRODUCT USED: ENTER THE VERSION DATE OF EACH DATABASE PACKAGE USED FOR PROCESSING. IF MULTIPLE LISTS, ENTER THE OLDEST VERSION DATE FROM THE LISTS.
4. LIST NAME OR ID NO: PRINT THE NAME OR IDENTIFICATION NUMBER OF THE ADDRESS LIST. IF MORE THAN ONE LIST IS USED, LEAVE BLANK. IF THE IDENTIFICATION NUMBER IS USED, THE NUMBER MUST BE PRECEDED BY 'ID#'.
5. NUMBER OF LISTS: ENTER THE NUMBER OF LISTS USED TO PRODUCE THE MAILING.
6. TOTAL RECORDS SUBMITTED FOR PROCESSING: ENTER THE TOTAL NUMBER OF ADDRESS RECORDS (FROM ALL LISTS IN ITEM B5) SUBMITTED AT THE TIME THE LIST(S) WAS CODED.

1C. OUTPUT

1. TOTAL CODED: ENTER THE TOTAL NUMBER CODED.
2. VALIDATION PERIOD: ENTER THE EFFECTIVE DATES AS SHOWN BELOW.

ZIP+4 CODED

FROM DATE - 30 DAYS BEFORE (THE 15TH OF EACH MONTH OR BIMONTHLY) OR NO LATER THAN 105 DAYS AFTER THE FILE DATE.

TO DATE - 180 DAYS AFTER FROM THE ZIP+4 'FROM' DATE.

TOTAL DELIVERY POINT BARCODED

FROM DATE - 30 DAYS BEFORE (THE 15TH OF EACH MONTH OR BIMONTHLY) OR NO LATER THAN 105 DAYS AFTER THE ZIP+4 PRODUCT FILE DATE.

TO DATE - 180 DAYS AFTER FROM THE DPBC VALID 'FROM' DATE.

FIVE-DIGIT CODED

FROM DATE - 30 DAYS BEFORE (THE 15TH OF EACH MONTH OR BIMONTHLY) OR NO LATER THAN 105 DAYS AFTER THE ZIP+4, FIVE-DIGIT ZIP, OR THE CARRIER ROUTE PRODUCT DATE.

TO DATE - 365 DAYS AFTER FROM THE FIVE-DIGIT VALID 'FROM' DATE.

TOTAL CARRIER ROUTE CODED

FROM DATE - 30 DAYS BEFORE OR UP TO 105 DAYS AFTER THE ZIP+4, FIVE-DIGIT ZIP, OR THE CARRIER ROUTE PRODUCT DATE (THE 15TH OF EACH MONTH OR BIMONTHLY) OR UP TO 105 DAYS AFTER THE FILE DATE.

TO DATE - 90 DAYS AFTER THE CARRIER ROUTE VALID 'FROM' DATE.

LINE OF TRAVEL (LOT) SEQUENCED NO. ASSIGNED

FROM DATE - 30 DAYS BEFORE OR UP TO 105 DAYS AFTER THE LOT FILE PRODUCT DATE (THE 15TH OF EACH MONTH OR BIMONTHLY).

TO DATE - 90 DAYS AFTER THE LOT VALID 'FROM' DATE.

D. MAILER

1. SIGNATURE: SIGNATURE OF INDIVIDUAL WHO PROCESSED THE LIST, OR THE MAILER'S REPRESENTATIVE.
2. DATE SIGNED: ENTER THE DATE THIS FORM IS SIGNED.
3. NAME & ADDRESS OF MAILER: ENTER THE NAME AND ADDRESS OF THE INDIVIDUAL WHOSE SIGNATURE APPEARS IN ITEM D1.