

**For:** State and County Offices

**FY 2005 FSA-875's**

**Approved by:** Deputy Administrator, Management



**1 Overview**

**A Background**

Effective October 1, 2004, FSA began billing from valid FSA-875's covering the current budget fiscal year funds. Past practice did not adhere to Federal Appropriations Law and, therefore, FSA needed to change its procedures to be compliant. These changes affect State and county operations when entering into FSA-875's.

A task force was formed and is comprised of State, County, and National Office personnel from RD, NRCS, and FSA. The task force:

- discusses issues and concerns relative to the reimbursable process
- develops and implements procedures for improvement.

**B Purpose**

This notice provides FY 2005 FSA-875 requirements for proper KCFO billing and instructions on completing FSA-875.

**C Contacts**

If there are questions about this notice, contact the following.

Location	Contact
County Office	State Office
State Office	<ul style="list-style-type: none"> <li>• Christine Claussen, Branch Chief, Administrative Accounting Operations Branch (AAOB), Financial Accounting Division (FAD), KCFO at 816-926-1949</li> <li>• Cena Gribble at 816-926-1488 for billing or payment questions</li> </ul>

<b>Disposal Date</b>	<b>Distribution</b>
October 1, 2005	State Offices; State Offices relay to County Offices

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### 2 State and County Office Action

#### A Budget Fiscal Year 2005 Deadline

All budget fiscal year 05 FSA-875's **must** be submitted by June 30, 2005. Follow the instructions in this notice to submit FSA-875's to KCFO. Revised FSA-875's should be submitted throughout the year as changes occur.

**Important:** If the expiration date exceeds September 30, 2005, follow instructions in subparagraph C.

#### B Submitting FSA-875's

Beginning with FY 2005, FSA-875 may be submitted to KCFO by either of the following options:

- completing an electronic version from the Forms Web site at <http://165.221.16.90/dam/ffasforms/forms.html>

**Note:** FSA shall continue to accept the manual FSA-875.

- mailing or FAXing FSA-875 to:

USDA FSA KCFO FAD AAOB  
STOP 8558  
6501 BEACON DRIVE  
KANSAS CITY MO 64133-4676

FAX: 816-823-1343.

#### C FSA-875's Exceeding September 30, 2005

Reimbursable agreements negotiated beyond a fiscal year boundary may still be submitted to KCFO, FAD, AAOB, if they are initialed and dated by all agencies at the State level. States also have the option of completing a spreadsheet with all of the information on the FSA-875's and having it signed and dated by all agencies at the State level. **Either option must be done every fiscal year.**

KCFO must have the initialed and dated FSA-875's or signed and dated spreadsheets to complete billing for FY 2005.

States have the responsibility of maintaining current signed FSA-875's. KCFO will bill from initialed and dated FSA-875's or signed and dated spreadsheets.

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### 2 State and County Office Action (Continued)

#### D When FSA Is the Lead Agency

Include a copy of other agencies' miscellaneous obligation (MO) documents along with FSA-875. The MO document should include the following:

- MO number
- line number and description
- agency location code (ALC)
- common agreement number (CAN)
- accounting classification code or budget object class.

**Note:** USDA agencies currently use MO's, and non-USDA agencies use accounting classification codes. MO information for RD is sent directly to KCFO. **No billing will occur without an MO number, accounting code, or both.**

#### E When FSA Is Not the Lead Agency

Submit signed FSA-875's to KCFO to obligate funds. Include name and e-mail address of billing agency's contact person for whom the MO number shall be provided.

### 3 KCFO Action

#### A Action

KCFO shall do the following.

- Enter FSA-875 information into the Foundation Financial Information System (FFIS) Accounting System to generate bills monthly.

**Note:** No billing will occur if FSA-875 is not current.

- Provide State Offices with a report of current status of FSA-875's by e-mail monthly. Update report will include amounts billed and collected. Any discrepancies must be sent to KCFO.
- Process adjustments based on new or revised FSA-875. To avoid billing and budget problems for all agencies, submit revised FSA-875 immediately.

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**4 FSA-875, Reimbursable Agreement**

**A Completing FSA-875**

Complete FSA-875 according to the following table.

<b>Item</b>	<b>Instruction</b>
1	Enter County or State Office.
2	Enter lead agency's name.
3	Enter street address, city, State, and ZIP Code plus 4.
4	Enter lead agency's agreement number.  <b>Note:</b> For RD and NRCS use only.
5	Place an "X" in the correct box.
6	Enter term of FSA-875.
7	Enter the following lease information: <ul style="list-style-type: none"> <li>• annual rent</li> <li>• total square feet</li> <li>• rental rate (per square foot).</li> </ul>
8	Enter the following agency and FFIS information: <ul style="list-style-type: none"> <li>• tenant agreement number, if applicable</li> <li>• CAN, ALC, or tax identification number (TIN)</li> </ul> <p style="text-align: center;"><b>Note:</b> The State Office requests this information from other agencies at the appropriate level in the State Office.</p> <ul style="list-style-type: none"> <li>• MO number. Refer to subparagraphs 2 D and 2 E.</li> </ul> <p><b>Important:</b> CAN and MO number <b>are required</b> for USDA agencies. TIN and ALC <b>are required</b> for non-USDA agencies.</p>
9	Enter space assignments. Go to items 13 and 14 and complete the following before continuing: <ul style="list-style-type: none"> <li>• number of permanent employees</li> <li>• individual space (item 13k)</li> <li>• shared space (multiply item 14i times item 14j)</li> <li>• total space (add item 9b and item 9c)</li> <li>• rent for space (multiply item 7c times item 9d).</li> </ul>

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**4 FSA-875, Reimbursable Agreement (Continued)**

**A Completing FSA-875 (Continued)**

<b>Item</b>	<b>Instruction</b>
10	<p>Enter the following other expenses, <b>excluding</b> rent:</p> <ul style="list-style-type: none"> <li>• electricity</li> <li>• heat</li> <li>• water</li> <li>• janitorial</li> <li>• Telecom (use percentage based on number of permanent employees in item 9a)</li> <li>• Telecom LD (use percentage based on number of permanent employees in item 9a)</li> <li>• postage costs</li> <li>• other</li> <li>• other</li> <li>• total expenses (add items 10a through 10i).</li> </ul> <p><b>Note:</b> Enter remarks in item 17, if applicable.</p>
11	<p>Enter the following total rent and expenses:</p> <ul style="list-style-type: none"> <li>• annual (add items 9e and 10j)</li> <li>• month (item 11a divided by 12 months).</li> </ul>
12	<p>Authorized employees shall sign and date.</p>

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**4 FSA-875, Reimbursable Agreement (Continued)**

**A Completing FSA-875 (Continued)**

<b>Item</b>	<b>Instruction</b>
13	<p>Enter the following individual space:</p> <ul style="list-style-type: none"> <li>• reception space</li> <li>• conference/training space</li> <li>• storage/mailroom space</li> <li>• ADP space</li> <li>• aerial photo/GIS space</li> <li>• client/breakroom space</li> <li>• private office space</li> <li>• open office space</li> <li>• other</li> <li>• other</li> <li>• total (amount entered in item 9b)</li> <li>• percent of individual space (item 13k divided by column 8 in item 9b).</li> </ul>
14	<p>Enter the following shared space:</p> <ul style="list-style-type: none"> <li>• reception space</li> <li>• conference/training space</li> <li>• storage/mailroom space</li> <li>• ADP space</li> <li>• aerial photo/GIS space</li> <li>• client/breakroom space</li> <li>• other</li> <li>• other</li> <li>• total (amount entered in item 9c)</li> <li>• percent of shared space (item 14i divided by column 8 in item 9c).</li> </ul>

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**4 FSA-875, Reimbursable Agreement (Continued)**

**A Completing FSA-875 (Continued)**

<b>Item</b>	<b>Instruction</b>
	If the FSA-875 is for a one-time charge, go to item 15; if not, go to item 17.
15	Enter the following financing for the <b>requesting agency (if applicable)</b> , when serviced by NFC: <ul style="list-style-type: none"> <li>• agency code (NFC-assigned 2 digits)</li> <li>• fund code (NFC-assigned 2 digits)</li> <li>• accounting station (NFC-assigned 4 digits)</li> <li>• the following accounting classification:               <ul style="list-style-type: none"> <li>• FY (1 digit)</li> <li>• fund (2 digits)</li> <li>• organization (5 digits)</li> <li>• sub BOC (2 digits)</li> <li>• project code (4 digits)</li> </ul> </li> <li>• budget object class (4 digits)</li> <li>• amount (agreement amount)</li> <li>• total</li> </ul>
16	Enter the following financing when FSA is the lead agency: <ul style="list-style-type: none"> <li>• organization code (5 digits)</li> <li>• amount.</li> </ul>
17	Enter remarks if additional information is needed.

**Note:** Distribute copies of FSA-875 to appropriate offices. Send Kansas City’s copy to KCFO, FAD, AAOB. See subparagraph 2 B for the mailing address.

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4 FSA-875, Reimbursable Agreement (Continued)

B Example of FSA-875

The following is an example of FSA-875.

This form is available electronically.

<b>FSA-875</b> (10-05-04)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency					
<b>REIMBURSABLE AGREEMENT</b>		1. COUNTY or STATE OFFICE	2. LEAD AGENCY (FSA, NRCS, RD, OR OTHER)				
3. STREET ADDRESS, CITY, STATE (Include Zip code + 4)							
4. LEAD AGENCY AGREEMENT NO.							
5. TYPE OF AGREEMENT <input type="checkbox"/> ORIGINAL AGREEMENT <input type="checkbox"/> REVISED AGREEMENT							
6. TERM OF REIMBURSABLE AGREEMENT a. FROM:		b. TO:					
		7. LEASE INFORMATION a. ANNUAL RENT \$					
		b. TOTAL SQUARE FT. \$					
		c. RENTAL RATE \$ / SQ. FT.					
<b>8. AGENCY AND FOUNDATION FINANCIAL INFORMATION SYSTEM INFORMATION</b>							
DESCRIPTION (1)	FSA (2)	NRCS (3)	RD (4)	(5)	(6)		
a. TENANT AGREEMENT NO.							
b. CAN / ALC / TIN NO.							
c. MISCELLANEOUS OBLIGATIONS NO.							
<b>9. SPACE ASSIGNMENTS (Use worksheet on Page 2 for calculations)</b>							
DESCRIPTION (1)	FSA (2)	NRCS (3)	RD (4)	(5)	(6)	BOC (7)	GRAND TOTAL (8)
a. NUMBER OF EMPLOYEES							
b. INDIVIDUAL SPACE							
c. SHARED SPACE							
d. TOTAL SPACE							
e. RENT FOR SPACE	\$	\$	\$	\$	\$		\$
<b>10. EXPENSES (Costs charged to each agency for items NOT included in rent)</b>							
DESCRIPTION (1)	FSA (2)	NRCS (3)	RD (4)	(5)	(6)	BOC (7)	GRAND TOTAL (8)
a. ELECTRICITY	\$	\$	\$	\$	\$		\$
b. HEAT	\$	\$	\$	\$	\$		\$
c. WATER	\$	\$	\$	\$	\$		\$
d. JANITORIAL	\$	\$	\$	\$	\$		\$
e. TELECOM (See FSA-875-2)	\$	\$	\$	\$	\$		\$
f. TELECOM LD(See FSA-875-2)	\$	\$	\$	\$	\$		\$
g. POSTAGE COSTS	\$	\$	\$	\$	\$		\$
h. OTHER	\$	\$	\$	\$	\$		\$
i. OTHER	\$	\$	\$	\$	\$		\$
j. TOTAL EXPENSES	\$	\$	\$	\$	\$		\$
<b>11. TOTAL RENT AND EXPENSES CHARGED TO EACH AGENCY</b>							
DESCRIPTION (1)	FSA (2)	NRCS (3)	RD (4)	(5)	(6)		GRAND TOTAL (7)
a. ANNUAL (Sum items 9e and 10j)	\$	\$	\$	\$	\$		\$
b. MONTH (Sum 11a / 12months)	\$	\$	\$	\$	\$		\$
<b>12. APPROVALS</b>							
We, the undersigned, as the authorized representatives of the collocated agencies, agree to the above assignment of space, expenses, and charges. This agreement becomes effective upon approval by appropriate agency officials when signed below. The signatory Agency representatives agree to reimburse the Lead Agency for noted charges.							
<b>COUNTY LEVEL</b>				<b>STATE LEVEL</b>			
Signature	Agency	Date (MM-DD-YYYY)	Signature	Agency	Date (MM-DD-YYYY)		
Signature	Agency	Date (MM-DD-YYYY)	Signature	Agency	Date (MM-DD-YYYY)		
Signature	Agency	Date (MM-DD-YYYY)	Signature	Agency	Date (MM-DD-YYYY)		
Signature	Agency	Date (MM-DD-YYYY)	Signature	Agency	Date (MM-DD-YYYY)		
Signature	Agency	Date (MM-DD-YYYY)	Signature	Agency	Date		

