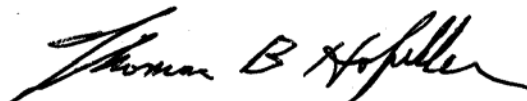


For: State and County Offices

Annual FOIA Report to USDA

Approved by: Associate Administrator for Operations and Management



1 Overview

A Background

In early 2007, it was determined by GAO that data from USDA’s annual FOIA report was not reliable. As part of FSA’s Corrective Action Plan, FSA committed to:

- developing an electronic tracking system for the collection of the annual FOIA report data
- providing required oversight for FOIA processing at all levels.

The electronic tracking system is expected to be in place for the FY 2008 annual FOIA report. All FOIA requests received since October 1, 2007, are required to be dataloaded once the electronic tracking system becomes operational.

B Purpose

This notice provides:

- instructions for completing FSA-534A
- an example of FSA-534A to collect needed data in addition to FSA-534.

Note: See Exhibit 1.

<b>Disposal Date</b>	<b>Distribution</b>
September 1, 2008	State Offices; State Offices relay to County Offices

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### 2 FSA-534A Information

#### A FSA-534A Details

The electronic tracking system requires additional data to be entered that is not captured on the current FSA-534. This additional data is necessary to accurately complete the FY 2008 annual FOIA report. FSA-534A contains headings that correspond to the following line items on FSA-534.

Item	Description
3	Name of Requester
5	Description of the Request
6	Date of Final Response
7	Cost to Process Request
9	Fees Collected
14	Denial by 5 U.S.C. 552 (a) and 552 (b)

Each heading contains multiple items that must be completed on FSA-534A. Instructions for completing FSA-534A are provided in Exhibit 1.

#### B Definitions of Requester Types

The following are definitions of different requester types:

- commercial use requester is a person/entity who seeks information for a use or purpose that furthers the commercial trade or profit interests of the person/entity for whom the request is made
- educational requester is a noncommercial institution that furthers educational pursuits or scientific research
- news media requester is a person actively gathering news for an entity organized and operated to broadcast news to the public or to publish newspapers or journals that are available for purchase or subscription by the general public

**Note:** This includes free-lance journalists who can demonstrate a solid expectation of publication.

- all other requesters are those who do not fit into any of these categories.

## Notice INFO-29

### 3 FOIA Request Files

#### A Reminder

25-AS provides procedure for managing records that are maintained by State and County Offices. 25-AS, Exhibit 45 contains some guidance for FOIA and Privacy Act files. All FOIA requests **must** have a file that includes the following:

- the original FOIA request
- a copy of FSA's reply

**Note:** If several letters or e-mails were sent between the requester and the office, a copy of all communications shall be included in the file.

- a copy of all original records that were located in response to the request
- a copy of the records as released. This copy will show the records as redacted by FSA.

**Note:** Redacting is the process of removing information that FSA determines to withhold from any record. Completing blacking or whiting out any data or information is redacting.

### 4 Action

#### A State and County Office Action

State and County Offices shall:

- immediately begin using FSA-534A to supplement information for each FOIA request received on or after October 1, 2007
- use the information from FSA-534 and FSA-534A to dataload FY 2008 FOIA requests once the electronic tracking system becomes available.

State Offices shall ensure that County Offices follow the contents of this notice.

County Offices shall contact their State FOIA Officer for guidance about the processing of FOIA requests.

#### B Contacts

For questions about this notice, contact Kent Politsch, Chief of Public Affairs, at either of the following:

- e-mail at [kent.politsch@wdc.usda.gov](mailto:kent.politsch@wdc.usda.gov)
- telephone at 202-720-7163.

FSA-534A, Freedom of Information/Privacy Act Request Log Supplemental Information Sheet

**A Instructions for Completing FSA-534A**

Complete FSA-534A according to this table.

Entry Description	Instructions
<b>Item 3 – Name of Requester</b>	
First Name	This is a required entry.
Last Name	This is a required entry.
Middle Initial	This is an optional entry.
Entity Name	Enter if the requester is an entity or represents an entity.
Address 1	This is a required entry.
Address 2	This is an optional entry.
City	This is a required entry.
State	This is a required entry.
Zip Code (Plus 4)	This is a required entry. Obtain the “plus 4” if possible.
Email Address	This is an optional entry. Obtain if possible.
Phone Number	This is an optional entry. Obtain if possible.
<b>Item 5 – Description of the Request</b>	
Additional Space	Enter any information that would not fit on the line provided by FSA-534.
Who is the Request about?	If the request is for information about a specific person or entity, enter the individual’s or entity’s name.
Is there written permission to release the information?	Check “YES” or “NO”.
Category of Request	<p>Check the proper category.</p> <ul style="list-style-type: none"> <li>• “SIMPLE” - Any request that is granted or denied in full and can be processed quickly because of the limited amount of information requested.</li> <li>• “COMPLEX” - A request that requires the release of a large number of documents or there is a large amount of information to review to process the request.</li> </ul>
Expedited Processing	<p>Any request that is processed ahead of another request. The requester must ask for expedited processing and must demonstrate a compelling need or urgency for the information. See 2-INFO for the criteria the requester must meet to be granted expedited processing. State and County Offices must provide written notice of the determination to grant or deny expedited processing within 10 calendar days after the receipt of the request in the records holding office.</p>
	CHECK “YES” or “NO for “REQUESTED?” and “GRANTED?”.
Date of Determination	Enter the date FSA determined to grant or deny the expedited processing request.
Date Requester Notified	Enter the date the requester was notified of FSA’s determination to grant or deny the expedited processing request.

FSA-534A, Freedom of Information/Privacy Act Request Log Supplemental Information Sheet  
(Continued)

A Instructions for Completing FSA-534A (Continued)

Entry Description	Instructions
<b>Item 6 – Date of Final Response</b>	
Date Perfected	Enter the date on which FSA understands what the requester is asking. The process of “ <b>perfecting</b> ” a request takes communication between FSA and the requester. During this time, the requester can revise his or her request.
Date Final Records Provided	Enter the date that the final document or last piece of paper was provided to the requester.
<b>Item 7 – Cost to Process Request</b>	
Search Fees	Entry is required for all requester types. However, fees are only charged to requesters falling under the “commercial use” or “all other requesters” type. See subparagraph 2 B for a definition of each requester type.
<ul style="list-style-type: none"> <li>• Time Spent by Supervisory Employee(s)</li> </ul>	Enter the total time spent attempting to locate records by manual or electronic means. This includes: <ul style="list-style-type: none"> <li>• examining records to determine whether the record meets the scope of the request</li> <li>• transporting an employee to the place of record storage or transporting the records to the employee’s location, if necessary.</li> </ul> <p><b>Note:</b> Round the figure to the nearest quarter hour.</p>
<ul style="list-style-type: none"> <li>• Grade Level</li> </ul>	This is a required entry. The electronic tracking system will automatically calculate costs to FSA for processing FOIA requests.
<ul style="list-style-type: none"> <li>• Time Spent by Non-Supervisory Employee(s)</li> </ul>	Enter the total time spent attempting to locate records by manual or electronic means. This includes: <ul style="list-style-type: none"> <li>• examining records to determine whether the record meets the scope of the request</li> <li>• transporting an employee to the place of record storage or transporting the records to the employee’s location, if necessary.</li> </ul> <p><b>Note:</b> Round the figure to the nearest quarter hour.</p>
<ul style="list-style-type: none"> <li>• Grade Level</li> </ul>	This is a required entry. The electronic tracking system will automatically calculate costs to FSA for processing FOIA requests.
Review Fees	Entry is required for all requester types. However, fees are only charged to requesters falling under the “commercial use” or “all other requesters” type. See subparagraph 2 B for a definition of each requester type.
<ul style="list-style-type: none"> <li>• Time Spent by Supervisory Employee(s)</li> </ul>	Enter the total time spent: <ul style="list-style-type: none"> <li>• examining records</li> <li>• determining whether any of the located records should be withheld</li> <li>• removing exempt portions of the record</li> <li>• responding to the request.</li> </ul> <p><b>Note:</b> Round the figure to the nearest quarter hour.</p>
<ul style="list-style-type: none"> <li>• Grade Level</li> </ul>	This is a required entry. The electronic tracking system will automatically calculate costs to FSA for processing FOIA requests.

FSA-534A, Freedom of Information/Privacy Act Request Log Supplemental Information Sheet  
(Continued)

A Instructions for Completing FSA-534A (Continued)

Entry Description	Instructions
<b>Item 7 – Cost to Process Request (Continued)</b>	
<ul style="list-style-type: none"> <li>• Time Spent by Non-Supervisory Employee(s)</li> </ul>	Enter the total time spent: <ul style="list-style-type: none"> <li>• examining records</li> <li>• determining whether any of the located records should be withheld</li> <li>• removing exempt portions of the record</li> <li>• responding to the request.</li> </ul> <p><b>Note:</b> Round the figure to the nearest quarter hour.</p>
<ul style="list-style-type: none"> <li>• Grade Level</li> </ul>	This is a required entry. The electronic tracking system will automatically calculate costs to FSA for processing FOIA requests.
Duplication Services	This section applies to all requester types.
<ul style="list-style-type: none"> <li>• Number of Pages Released (in full or part)</li> </ul>	Enter the total number of pages released to the requester. Released “in full” means that no information was removed from the page whereas “in part” means that certain information was removed from the page.
<b>Item 9 – Fees Collected</b>	
Date Fees Collected	Enter the date fees were received, if applicable.
<b>Item 14 – Denial by 5 U.S.C. 552 (a) and 552 (b)</b>	
Other Reasons for Non-Disclosure	Check the proper reason: <ul style="list-style-type: none"> <li>• No Records</li> <li>• Referred Elsewhere (within USDA/external to USDA)</li> </ul> <p><b>Note:</b> State to whom (Agency/Department) the request was transferred.</p> <ul style="list-style-type: none"> <li>• Request Withdrawn</li> <li>• Fee Related Reason</li> <li>• Records not Reasonably Described</li> <li>• Not a Proper FOIA Request</li> <li>• Not an Agency Record</li> <li>• Referred to State Office</li> <li>• Other.</li> </ul> <p><b>Note:</b> Enter an explanation.</p>

FSA-534A, Freedom of Information/Privacy Act Request Log Supplemental Information Sheet (Continued)

B Example of FSA-534A

The following is an example of FSA-534A.

This form is available electronically.			
FSA-534A (03-11-08)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	A. FY 2008	
<b>FREEDOM OF INFORMATION/PRIVACY ACT REQUEST LOG SUPPLEMENTAL INFORMATION SHEET</b>		B. Log No. 08-1	
		C. Date Request Record 03-11-08	
INSTRUCTIONS: This additional data is needed to accurately complete the annual FOIA Report. This sheet contains headings that correspond with line items on FSA-534, "Freedom of Information/Privacy Act Request Log".			
<b>3. NAME OF REQUESTER</b>			
First Name John	Last Name Smith	Middle Initial (Optional) S	
Entity Name (if requestor is or represents an entity): John Smith See Co.			
Address 1: 1234 Park Street			
Address 2:			
City Anywhere	State US	Zip Code (Plus 4) 11111	
Email Address:		Phone Number (Include Area Code): 202-222-2222	
<b>5. DESCRIPTION OF THE REQUEST (Additional Space)</b>			
Names and Address of FSA program participants in Carroll County			
A. Who is the Request about? John Smith		B. Is there written permission to release the information? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
B. Category of Request (Check one): <input checked="" type="checkbox"/> SIMPLE <input type="checkbox"/> COMPLEX			
C. Expedited Processing: REQUESTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO GRANTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
D. Date of Determination (MM-DD-YYYY): 3/11/2008		E. Date Requester Notified (MM-DD-YYYY): 3/11/2008	
<b>6. DATE OF FINAL RESPONSE</b>			
A. Date Perfected (MM-DD-YYYY): 3/17/2008		B. Date Final Records Provided (MM-DD-YYYY): 3/17/2008	
<b>7. COST TO PROCESS REQUEST</b>			
Enter the total time spent collecting records manual or electronically. This includes: examining records, transporting employee(s) to the place of record storage or transporting the records to the employee's location. NOTE: Round the figure to the nearest quarter hour.			
A. SEARCH FEES (Commercial and Other Requestors Only)		\$ 85.00	
B. Time Spent by Supervisory Employee(s)		Grade Level:	
C. Time Spent by Non-Supervisory Employee(s)		Grade Level:	
D. REVIEW FEES (Commercial Requestors Only)		\$ 10.50	
E. Time Spent by Supervisory Employee(s)		Grade Level:	
F. Time Spent by Non-Supervisory Employee(s)		Grade Level:	
G. DUPLICATION SERVICES (All Requestor Types)		Number of Pages Released (in full or part):	
<b>9. FEES COLLECTED (Enter date fees were received, if applicable)</b>			
Date Fees Collected (MM-DD-YYYY): 3/14/2008			
<b>14. DENIAL BY 5 U.S.C. 552 (a) and 552 (b) (Other Reasons for Non-Disclosure (Check one))</b>			
<input checked="" type="checkbox"/> No Records	<input type="checkbox"/> Referred Elsewhere (not within FSA)	<input type="checkbox"/> Request Withdrawn	<input type="checkbox"/> Fee Related Reason
<input type="checkbox"/> Records not Reasonably Described	<input type="checkbox"/> Not a Proper FOIA Request	<input type="checkbox"/> Not an Agency Record	<input type="checkbox"/> Referred to State Office
<input type="checkbox"/> Other (Specify): _____			
Completed by		Title	Date Completed
<small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.</small>			