

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

**Common Management and
Operating Provisions
1-CM (Revision 3)**

Amendment 55

Approved by: Acting Deputy Administrator, Farm Programs



Amendment Transmittal

A Reasons for Amendment

Paragraph 4 has been added to provide instructions and an example of AD-2088.

Subparagraphs 177 B, 178 B, and 179 B have been amended to reference new paragraph 199.

Subparagraph 198 C has been amended to update the example of AD-2047.

Paragraph 199 has been added to provide instructions and an example of AD-2106.

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--2 Determining Final or Closing Date, Remittance Date, and Extensions--

A Final or Closing Date

If a final or closing date falls on a:

- workday, that date shall apply
- day on which the applicable Field Office or National Office is not open for business during normal workhours, extend the date to COB on the next workday.

When computing the final or closing date, exclude the day of mailing if the action required is within a prescribed number of days after the notice is mailed.

B Action Performed by Mail

Consider an action to have been taken within the prescribed period if the final or closing date falls on a:

- workday and the mail shows a USPS postmark no later than that day
- nonworkday and the mail shows a USPS postmark no later than the next workday.

Do not accept postage meter date-stamping.

***--C Extensions and Use of Register**

If program provisions set a final signup, reporting, filing or other date and heavy workload or computer failure makes processing the prescribed forms impossible; County Offices may request an extension and the use of a customer register through the State Office.

Customers may request to be placed on a register by:

- visiting the County Office
- telephone
- FAX
- e-mail
- mail.--*

2 Determining Final or Closing Date, Remittance Date, and Extensions (Continued)

C Extensions and Use of Register (Continued)

County Office shall:

- enter the customer's name on the register and document the method by which it was received
- have each registrant provide as much preliminary information as possible about each farm involved
- schedule an appointment for the customer allowing adequate time to process **all** prescribed forms and obtain required signatures prior to established timeline
- date each form with the date it is actually filed and cross-reference it to the register.

3 Using Appointment Process

A Policy

County Offices are encouraged to use appointments for program signup and acreage certification.

B Advantages

Properly handled, the appointment process:

- permits Service Centers to prepare for the operator's visit
- eliminates the need for producers to waste time in lines and make multiple trips to the Service Center
- improves public relations
- provides a more businesslike atmosphere.

C Cautions

County Offices that use the appointment process shall:

- ensure that the rules for making appointments are well publicized
- give every producer a chance to make an appointment
- give priority to servicing appointments without ignoring walk-in traffic
- schedule appointments so that enough time is allowed at the end of signup to reschedule those producers who had to cancel.

*--4 Receipt for Service or Denial of Service

A Providing a Receipt for Service or Denial of Service

FSA staff shall, on request, provide AD-2088 when any inquirer, applicant, or customer seeks information or requests any benefit or service.

| IF the request is made... | THEN AD-2088 must be provided... |
|------------------------------------|------------------------------------|
| in person | at the time of the request. |
| by telephone, FAX, e-mail, or mail | to the requestor the next workday. |

B Example of AD-2088

The following is an example of AD-2088.

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|
| <small>This form is available electronically.</small> AD-2088 (01-19-12) | | U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency Natural Resources Conservation Service Rural Development | | 1. Fiscal Year 2012 |
| RECEIPT OF REQUEST FOR BENEFIT OR SERVICE OFFERED BY USDA | | | | |
| <small>NOTE: FSA, NRCS, and RD must provide a current or prospective producer or landowner a receipt for service, if requested, at the time any service or benefit is requested. Original receipt is provided to requestor and a copy must be maintained by the issuing Agency.</small> | | | | |
| 2. Agency (Check One): <input checked="" type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD | | 3. Office Name/Location Anywhere County FSA Office Anywhere, ST | | |
| 4A. Name of Requestor IMA Farmer | | 4B. Address of Requestor (include Zip Code) 123 Nowhere Street Anywhere ST 99999 | | |
| 5. Request Received (Check One): <input type="checkbox"/> In Person <input checked="" type="checkbox"/> By Telephone <input type="checkbox"/> By e-Mail <input type="checkbox"/> By FAX <input type="checkbox"/> By Mail | | 6. Date of Request (MM-DD-YYYY) 03-08-2012 | | |
| 7. Summary of Benefit or Service Requested Sign-up for DCP | | | | |
| 8. Action Taken or Recommended Completed DCP Contracts for IMA Farmer | | | | |
| 9. Additional Comments AD-2088 was provided to producer at time of service | | | | |
| 10A. Employee Name Any # Employee | | 10B. Employee Signature | | 10C. Date (MM-DD-YYYY) 03-08-2012 |
| <small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all of 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, political beliefs, genetic information, 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, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20260-9410, or call toll-free at (866) 632-9992 (English) or (800) 677-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6135 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.</small> | | | | |

5-21 (Reserved)

177 Entering Customer Core Data for an Individual (Continued)

B Entering Additional Customer Data (Continued)

The following table lists additional customer data elements. Some entries are required to create the core data in SCIMS.

| Field | Required | Valid Entry |
|---------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Common Name | | The common name will download to the AS/400. Examples: Robert Smith is known as Bob Smith. Jerry Saar DBA Saar Ranch. Note: If left blank, the customer's first name, middle initial, and last name and suffix will default. However, the common name can be changed. |
| Customer Type | | Individuals may be changed to a business with a Social Security number for only the following: <ul style="list-style-type: none"> • LLC's (paragraph 178.6) • revocable trusts (paragraph 178.8). |
| Middle Name | | Enter either the customer's complete middle name or an initial. |
| Gender | X | Use the drop-down menu to select the gender of the customer. |
| Gender Determination Code | X | To indicate how the gender of the customer was determined, use the drop-down menu to select either of the following: <ul style="list-style-type: none"> • "Customer Declared" indicates verbal information directly from the customer or submission by the customer on a standard disclosure form <p>*--Note: See paragraph 199.--*</p> <ul style="list-style-type: none"> • "Employee Declared" indicates an unsubstantiated judgment or information obtained through a third party. |
| Citizenship Country | X | The citizenship of the customer: <ul style="list-style-type: none"> • defaults to "United States" • may be changed by selecting a country from the drop-down menu. |
| Veteran | | The veteran status of the customer: <ul style="list-style-type: none"> • defaults to "Unknown or N/A" • may be changed by selecting from the drop-down menu. <p>Note: An entry of "Y" or "N" is required for FLP customers.</p> |

177 Entering Customer Core Data for an Individual (Continued)

B Entering Additional Customer Data (Continued)

| Field | Required | Valid Entry |
|---------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Receive Mail Indicators | | <p>The receive mail indicators:</p> <ul style="list-style-type: none"> • default to blank • must be checked if the customer has requested to receive mail from applicable agency. <p>Notes: Receive Mail “Electronically” applies to all agencies that have “Receive Mail” checked. If Receive Mail Indicator; “Electronically” is checked, customer must have a “Primary” e-mail address recorded in the “E-Mail Address” field.</p> <p>The FSA receive mail indicator is downloaded to all counties for a customer. However, during the SCIMS download, the AS/400 only updates the receive mail indicator if it is a new customer. Any subsequent updates to the receive mail indicator would need to be made on the System 36 through Name and Address Maintenance.</p> |
| Limited Resource Producer | | <p>To indicate the limited resource producer status, use the drop-down menu to select 1 of the following:</p> <ul style="list-style-type: none"> • “Yes” • “No” (default) • “Unknown”. <p>Note: See Exhibit 2 for definition of “limited resource producer” before updating this field.</p> |

177 Entering Customer Core Data for an Individual (Continued)

B Entering Additional Customer Data (Continued)

| Field | Required | Valid Entry |
|------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employee Type | X | <p>Use the drop-down menu to select 1 of the following:</p> <ul style="list-style-type: none"> • “Not an Employee” (default) • “Business Associate” of an FSA/NRCS employee • “Close Relative” of an FSA/NRCS Service Center employee such as, uncle, aunt, nephew, or niece • “Family Member” of an FSA/NRCS Service Center employee such as, wife, husband, son, or daughter, including minor children • “FSA Employee/Producer”, including DD’s, State Office employees, SED, and STC • “NRCS Employee/Producer”, including NRCS AC and NRCS State Conservationist • “Service Center Employee”, including employees of other Service Center agencies. <p>Notes: All FSA and NRCS employees who receive program benefits from either FSA or NRCS or both agencies are required to be recorded in SCIMS.</p> <p>Ensure that employee type is changed when customer’s status changes.</p> |
| Ethnicity | X | <p>Use the drop-down menu to select either of the following:</p> <ul style="list-style-type: none"> • “Hispanic or Latino” • “Not Hispanic or Latino”. |
| Ethnicity Determination Code | X | <p>To indicate how the ethnicity of the customer was determined, use the drop-down menu to select either of the following:</p> <ul style="list-style-type: none"> • “Customer Declared” indicates verbal information directly from the customer or submission by the customer on a standard disclosure form <p>*--Note: See paragraph 199.--*</p> <ul style="list-style-type: none"> • “Employee Declared” indicates an unsubstantiated judgment or information obtained through a third party. <p>Note: The determination code must be the same as the determination code entered in “race”.</p> |

178 Entering Customer Core Data for a Business

A Selecting a Business

This is an example of the Add Business Customer Screen.

*--

After the selection of a business, the following information may be added.

| Field | Required | Valid Entry |
|--------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tax ID | | Business' Federal TIN; required if the business wants to receive monetary benefits. To record Federal agencies as landowners, use the ID numbers in subparagraph 125 A. Note: If the Federal agency is not listed in subparagraph 125 A, follow subparagraph 125 D. |

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178 Entering Customer Core Data for a Business (Continued)

B Entering Additional Business Data (Continued)

The following table lists additional customer data elements. Some entries are required to create the core data in SCIMS.

| Field | Required | Valid Entry |
|---------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Common Name | | This will default to the business name, but may be changed. |
| Customer Type | | The only businesses using a Social Security number that can be changed to an individual are: <ul style="list-style-type: none"> • revocable trust • limited liability company. |
| Business Prior1 | | The user cannot update. Note: The Business Prior 1 is updated each year at rollover with the previous year’s value. |
| Business Prior2 | | The user cannot update. Note: The Business Prior 2 is updated each year at rollover with the Business Prior 1 value. |
| Gender | | Indicate the business owner’s gender by using the drop-down menu to select 1 of the following: <ul style="list-style-type: none"> • “Org Other” • “Org/Fem Owned” • “Org/Male Owned” • “Unknown”. |
| Gender Determination Code | | To indicate how the gender of the business owner was determined, use the drop-down menu to select either of the following: <ul style="list-style-type: none"> • “Customer Declared” indicates verbal information directly from the customer or submission by the customer on a standard disclosure form <p style="margin-left: 20px;">*--Note: See paragraph 199.--*</p> <ul style="list-style-type: none"> • “Employee Declared” indicates an unsubstantiated judgment or information obtained through a third party. <p>Note: The Determination Code is a required entry if “Gender” is entered.</p> |

178 Entering Customer Core Data for a Business (Continued)

B Entering Additional Business Data (Continued)

| Field | Required | Valid Entry |
|---------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Receive Mail Indicators | | <p>The receive mail indicators:</p> <ul style="list-style-type: none"> • default to blank • must be checked if the customer has requested to receive mail from applicable agency. <p>Note: Must be left blank for CMA or LSA.</p> |
| Voting District | X | <p>To indicate the congressional district of where the majority of the business' farming interests are situated:</p> <ul style="list-style-type: none"> • select a State from the drop-down menu • enter the 2-digit voting district. <p>To determine the 2-digit voting district, access http://www.house.gov/writerrep. Enter the applicable State and ZIP Code.</p> <p>Note: Voting district is an optional entry for the following business types:</p> <ul style="list-style-type: none"> • business with "originating country" other than U.S. • news media • public body • other. |
| Limited Resource Producer | | <p>To indicate the limited resource producer status, use the drop-down menu to select 1 of the following:</p> <ul style="list-style-type: none"> • "Yes" • "No" (default) • "Unknown". <p>Note: See Exhibit 2 for definition of "limited resource producer" before updating this field.</p> |
| Originating Country | | <p>The country of origin for the foreign entity:</p> <ul style="list-style-type: none"> • defaults to "United States" • may be changed by selecting a country from the drop-down menu. <p>Note: A <u>foreign entity</u> is a corporation, trust, estate, or other similar organization, that has more than 10 percent of its beneficial interest held by individuals who are not:</p> <ul style="list-style-type: none"> • citizens of the U.S. • lawful aliens possessing a valid Alien Registration Receipt Card (Form I-551 * * *) • see 1-PL, subparagraph 236 A • see 4-PL, subparagraph 108 A. |

178 Entering Customer Core Data for a Business (Continued)

B Entering Additional Business Data (Continued)

| Field | Required | Valid Entry |
|-----------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inactive Customer Indicator | | <p>To indicate activity status of customer, use the drop-down menu to select either of the following:</p> <ul style="list-style-type: none"> • “active record” • “inactive record”. <p>Notes: Active record must have at least 1 active program participation and at least 1 active address. FSA program participation must have at least 1 legacy link.</p> <p>Inactive record must have all active program participation deleted and inactive customer program participation must be added. FSA program participation must have all legacy links deleted. “Inactive date” will display date and time customer’s inactive record was established below the “inactive customer indicator”.</p> <p>SCIMS customers may only be inactivated by FSA State SCIMS Security Officers.</p> <p>*--Important: Before inactivating a record, it must be determined that the customer:</p> <ul style="list-style-type: none"> • has no outstanding or future payments pending, nor has ever been paid by FSA directly or been attributed payments as members of a joint operation or entity • is not, nor ever has been an FLP customer <p>Note: FLP customers shall never be inactivated.</p> <ul style="list-style-type: none"> • is not an NRCS customer with outstanding payments or active contracts <p>Note: County Offices need to coordinate any updates in SCIMS for NRCS customers with NRCS before making changes.</p> <ul style="list-style-type: none"> • will more than likely not be eligible to apply for after-the-fact disaster programs, SURE, etc. • is presently not recorded on a farm • is not in the System 36 entity file as an entity or joint operation, is not in the System 36 entity file as a member of an entity or joint operation, or is not a combined producer in the web-based combination system. <p>When a customer is inactivated in SCIMS, all legacy links must be deleted. If the customer has multiple legacy links, all County Offices linked to the customer must be contacted and they must concur with the deletion of their respective legacy link and inactivation before taking any action.--*</p> |

178 Entering Customer Core Data for a Business (Continued)

B Entering Additional Business Data (Continued)

| Field | Required | Valid Entry |
|------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ethnicity | | To indicate the business owner’s ethnicity, use the drop-down menu to select either of the following: <ul style="list-style-type: none"> • “Hispanic or Latino” • “Not Hispanic or Latino”. |
| Ethnicity Determination Code | | To indicate how the ethnicity of the customer was determined, use the drop-down menu to select either of the following: <ul style="list-style-type: none"> • “Customer Declared” indicates verbal information directly from the customer or submission by the customer on a standard disclosure form <p>*--Note: See paragraph 199.--*</p> <ul style="list-style-type: none"> • “Employee Declared” indicates an unsubstantiated judgment or information obtained through a third party. <p>Note: The determination code:</p> <ul style="list-style-type: none"> • is a required entry if “Ethnicity” is entered • must be the same as the determination code entered in “Race”. |

178.5 Establishing an Estate in SCIMS

A Purpose

Estates shall be loaded in SCIMS as a business, using **only** a Federal EIN.

Notes: Using a decedent’s Social Security number is not consistent with IRS requirements for estates.

One of the first duties of a personal representative, such as executor, administrator, etc., of a decedent is to apply for an EIN for the estate. It is the responsibility and duty of the personal representative of the estate to provide the EIN acquired for the estate to all parties of interest. Go to <http://www.irs.gov/pub/irs-pdf/p559.pdf>, page 2, “personal Representative/Duties” for additional information.

Estates may be loaded in SCIMS without TIN’s; however, they will **not** be eligible to be paid until they obtain EIN.

179 Additional Customer Entries (Continued)

B Race Type (Continued)

Race is required for an individual. Enter at least 1 race from the following table. Race may be entered for a business, but it is not required.

Note: The determination code is required if an entry is made in “Race”.

| Race | Definition |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| American Indian or Alaska Native | A person having origins in any of the original peoples of North, South, or Central America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos). |
| Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (including Japan and the Philippines). |
| Black or African American | African American indicates a person having origins in the black racial groups of Africa. |
| Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of the Hawaiian Islands, Guam, or Samoa. |
| White | A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. |

The user shall select from either of the following options to show how the race was determined:

- “Customer Declared” indicates verbal information directly from the customer or submission by the customer on a standard disclosure form

*--**Note:** See paragraph 199.--*

- “Employee Declared” indicates an unsubstantiated judgment or information obtained through a third party.

Note: The determination code must be the same as the “Ethnicity” determination code.

To retain the entered data, CLICK “**OK**”. To return to the Customer Information Page and not retain the entered data, CLICK “**Cancel**”.

179 Additional Customer Entries (Continued)

C Disability Information

Information concerning the customer’s disability may be added by clicking “Add” in the Disability Information section. Multiple disabilities may be entered by clicking “Add” for each additional disability.

Disability information is:

- not required for a customer
- required for an FSA or Federal Service Center employee.

If the customer provides disability information, the user shall select disability information from the drop-down menu. See Exhibit 13 for SF-256.

*--

|  Disability Information | | | |
|-----------------------------------------------------------------------------------------------------------------|------------------------|------------------------|---------------------------------|
| Click To Modify | Click To Delete | Disability Type | Disability Determination |
| Modify | Delete | No handicap | Employee Declared |
| <input type="button" value="Add"/> | | | |




Customer Disability Information

Please select Disability Type and Determination.
All items marked with asterisk are required.

* Disability Type:

* Disability Determination:

--*

198 Documenting Customer Data Changes in SCIMS (Continued)

C Example of AD-2047

The following is an example of a completed AD-2047.

*--

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| This form is available electronically. | | Form Approved – OMB No. 0560-0265 | |
| AD-2047 (03-08-12) | | U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency Rural Development Natural Resources Conservation Service | |
| CUSTOMER DATA WORKSHEET REQUEST FOR SCIMS RECORD CHANGE (FOR INTERNAL USE ONLY) (See Page 2 for Privacy Act and Paperwork Reduction Act Statements) | | | |
| PART A – CUSTOMER INFORMATION | | | |
| 1A. Customer's Full Legal Name or Business Name Any # Producer | | 1B. Customer or Business Address (Including Zip Code) 123 Nowhere Street Anywhere, ST 99999 | |
| 1C. Home Telephone Number (Area Code) (999) 999-9999 | 1D. Business Telephone Number (Area Code) | 1E. Other Telephone Number (Area Code) | |
| 2. SSN or Tax ID Number (9 Digits) xxx-xx-xxxx | 3. E-Mail Address aproducer@farms.com | 4A. Do you want to receive mail by USPS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | 4B. Do you want to receive e-mails? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 5. Producer is Customer of One or More of the Following Agencies. (Check Appropriate Agency(ies) below.) <input checked="" type="checkbox"/> FSA <input type="checkbox"/> RD <input checked="" type="checkbox"/> NRCS <input type="checkbox"/> Not Participating | | | |
| 6. Is the Customer a Multi-County Producer? <input checked="" type="checkbox"/> YES (If "YES," list States and/or Counties below:) <input type="checkbox"/> NO | | | |
| 7. Reason for Request (Check appropriate box(es) below.) <input type="checkbox"/> New Producer <input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Telephone Change <input type="checkbox"/> Sale/Purchase <input type="checkbox"/> Life Event <input type="checkbox"/> Other (Specify): | | | |
| 8. Enter the name of the customer requesting the record change(s). If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. Requestor's signature is not required. (The only time the customer is required to sign Item 8B is when they are physically at a Service Center and providing FSA with applicable information.) | | | |
| 8A. Name of Customer Requesting Change Any # Producer | | 8B. Signature IMA | 8C. Date of Record Change (MM-DD-YYYY) 03-08-2012 |
| PART B – SERVICE CENTER ACTION | | | |
| 9A. Agency Who Received Request: (Check one below) <input checked="" type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD | | 9B. Initials of Employee Receiving Request (If Different than Item 12A) IMA | 9C. Date Service Center Employee Received the Request (MM-DD-YYYY) 03-08-2012 |
| 10. How the Request for Change was Received: <input type="checkbox"/> Office Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> USPS <input type="checkbox"/> Other (Specify): | | | |
| 11. Remarks if Applicable: Address updated on SCIMS 03-08-2012 | | | |
| 12A. Signature of Employee Updating SCIMS if not initialed in Item 9B. | | 12B. Date Service Center Employee Updating SCIMS (MM-DD-YYYY) 03-08-2012 | |
| FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE ONLY | | | |
| 13A. I concur/do not concur the above items have been properly updated. <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur | | | |
| 13B. Name of District Director/Area Conservationist for Spot Check | | 13C. Signature of District Director/Area Conservationist for Spot Check | |
| 13D. Title | | 13E. Date (MM-DD-YYYY) | |

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198 Documenting Customer Data Changes in SCIMS (Continued)

C Example of AD-2047 (Continued)

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| AD-2047 (03-08-12) | Page 2 of 3 |
| <p>NOTE: <i>The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended), The authority for requesting the information identified on this form is OMB Circular A-123, the Federal Managers' Financial Integrity Act of 1982, and the Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request for critical producer data changes within the Service Center Information Management System (SCIMS). The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to request changes within SCIMS.</i></p> <p><i>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0265. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</i></p> <p><i>The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</i></p> | |
| <p><i>The U.S. Department of Agriculture (USDA) prohibits discrimination in all of 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, political beliefs, genetic information, 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).</i></p> <p><i>To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.</i></p> | |

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198 Documenting Customer Data Changes in SCIMS (Continued)

C Example of AD-2047 (Continued)

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|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| AD-2047 (03-08-12) | | Page 3 of 3 |
| INSTRUCTIONS FOR AD-2047 (FOR INTERNAL USE ONLY) | | |
| PART A | Note: Items 1-6 are required only as applicable to requested change. Items not applicable to requested record change may be left blank. | |
| 1A | Enter customer's full legal name or Business Name. | |
| 1B | Enter customer or business mailing address including Zip Code. | |
| 1C | Enter customer's home telephone number including area code. | |
| 1D | Enter customer's business telephone number including area code. | |
| 1E | Enter customer's other telephone number including area code. | |
| 2 | Enter customer's 9-Digit SSN or TIN as applicable. | |
| 3 | Enter customer's e-mail address. | |
| 4A or 4B | Enter "YES or NO" to indicate whether or not the customer wishes to receive mail and/or e-mail. | |
| 5 | Check the appropriate boxes indicating the agency(ies) where the producer is customer. | |
| 6 | Check "YES OR NO" to indicate whether or not the customer is a multi-county producer. If "YES," specify states and county offices. | |
| 7 | Check appropriate box(es) to indicate the reason for the requested record change(s). If "OTHER," specify. | |
| 8A | Enter the name of the Customer requesting the record change(s). Customer requesting change shall sign. Note: - If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. (Requestor's signature is not required.) - If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. (Requestor's signature is not required.) | |
| 8B | The customer is only required to sign Item 8B when they are physically at a Service Center Site providing FSA with applicable information. | |
| 8C | Enter date (MM-DD-YYYY) the record change is requested. | |
| PART B | Note: - Items 9A - 12B must be completed. - Items 13A - 13C must be completed only if selected for spot-check. | |
| 9A | Check the appropriate box indicating agency who received the request. | |
| 9B | Enter initials of Service Center employee receiving the request. | |
| 9C | Enter date (MM-DD-YYYY) Service Center employee received the request. | |
| 10 | Check the box to indicate method by which the Service Center received the request. If other, specify. | |
| 11 | Enter remarks regarding the records change. | |
| 12A | Enter the signature of Service Center employee updating SCIMS. | |
| 12B | Enter the date (MM-DD-YYYY) the Service Center employee updated SCIMS. | |
| FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE ONLY. | | |
| 13A | Check the box to indicate that the Agency Official did Concur or did not Concur. | |
| 13B | Enter the name of the District Director/Area Conservationist for Spot Check. | |
| 13C | Enter the signature of the District Director/Area Conservationist for Spot Check. | |
| 13D | Enter the Agency Official's Title. | |
| 13E | Enter the Date (MM-DD-YYYY). | |

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***--199 Documenting Customer Declared Race, Ethnicity, and Gender Data**

A OMB-Approved Forms

OMB has approved the following forms to collect race, ethnicity and gender data:

- AD-2035
- AD-2106
- FSA-2001
- FSA-2211
- FSA-2212
- FSA-2301
- FSA-2683.

No other forms may be used to collect race, ethnicity, or gender data.

B Collecting Race, Ethnicity, or Gender Data

This table provides procedure for handling race, ethnicity, or gender data.

| IF the race, ethnicity, or gender data is provided... | THEN Service Center employee will... |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| verbally | complete AD-2047 by recording the name, address, and race, ethnicity, or gender data in block 11. Update the race, ethnicity, or gender data in SCIMS as “Customer Declared” and file according to subparagraph 198 B. |
| on AD-2035 | update the race, ethnicity, or gender data in SCIMS as “Customer Declared”, file a copy of AD-2035 in the participants “PE-2, Producer Eligibility” folder, and submit the original AD-2035 according to Minority Farm Register procedure. |
| on AD-2106 | update the race, ethnicity, or gender data in SCIMS as “Customer Declared” and file the completed AD-2106 in the participants “PE-2, Producer Eligibility” folder. |
| on FSA-2001, FSA-2211, FSA-2212, FSA-2301, or FSA-2683 | update the race, ethnicity, or gender data in SCIMS as “Customer Declared” and file according to FLP procedure. |

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***--199 Documenting Customer Declared Race, Ethnicity, and Gender Data (Continued)**

C Example of AD-2106

The following is an example of a completed AD-2106.

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| <p>AD-2106 (01-19-12)</p> | <p>Approved – OMB No. 0503-0019</p> |
| <p>U.S. Department of Agriculture</p> <p>Form to Assist in Assessment of USDA Compliance With Civil Rights Laws</p> <p>QUESTIONNAIRE</p> | |
| <p>The purpose of this questionnaire is to gather race, ethnicity, and gender information about persons who apply and participate in this USDA program. The information you provide will not be used when reviewing your application or when determining whether you are eligible to participate in this program. This is a voluntary questionnaire. You are not required to give this information, but we hope you will because the information you give will be used to improve the operation of this program, to help USDA design additional opportunities for program participation, and to monitor enforcement of laws that require equal access to this program for eligible persons. If you have previously provided this information to USDA please DO NOT fill out this form. Your information will be kept private to the extent permitted by law. Thank you for your response.</p> | |
| 1. What is your name? | Any # Producer |
| 2. Legal Residence: | 123 Nowhere Street |
| | Anywhere, ST 99999 |
| 3. What is your gender? | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| <p>Please answer BOTH question 4 and question 5 below about ethnicity and race. For this questionnaire, Hispanic or Latino origins are not races.</p> | |
| 4. Ethnicity: | <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| 5. What is your race? Mark all that apply. | <input checked="" type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White |
| <p>According to the Paperwork Reduction Act of 1995, an agency may not conduct, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0503-0019. The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p> | |

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200-206 (Reserved)

Section 3 General Rules of Authority

707 Policy on Evidence of Authority and Signature Limitations

A General Rule for Signature Authority

Nothing in this handbook, or 7 CFR Part 707, gives persons additional time in which to file program applications, contracts, or other documents. Rather, this handbook discusses what evidence is required before FSA will act on properly filed program instruments.

--County Offices must verify signature authority for all entities and joint operations requesting benefits by reviewing checked box or boxes on forms:--

- CCC-902E, Part C, Column F
- CCC-901, Part A, Column 5, as applicable.

Notes: Evidence of signature authority for individuals including spouses and minors has **not** been revised. Procedure about evidence of authority of persons seeking payments on behalf of deceased, disappeared, or persons declared incompetent appears in paragraph 779.

The policy at paragraph 779 does **not** apply to:

- representatives of cotton, rice, or peanut buyers (1-CM, paragraph 731)
- FSFL Program
- TTPP
- MILC (**producers participating in MILC only**)
- FLP's.

Note: County Office employees shall follow signature authority requirements in applicable handbooks for these programs.

If the legitimacy of documents provided as evidence of authority to sign is questioned, FSA will seek review from OGC. County Offices will:

- forward copies of the documents to the State Office for review
- refrain from issuing payments or further actions pending response from either the State Office or, if the State Office deems it necessary, the Regional Attorney.

707 Policy on Evidence of Authority and Signature Limitations (Continued)

A General Rule for Signature Authority (Continued)

*--The following are examples of properly signed CCC-902E's for entities and joint operations.

• Limited Liability Company (J&J LLC)

| PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any information in Part C) | | | | | |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------|----------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------|
| 1. Members - List all members/shareholders of the entity identified in Part A of this form: | | | | | |
| A. Name | B. Tax ID Number (Last 4 digits if already on file) | C. % Share | D. Position and Salary (If applicable) | E. Family Member Relationship (if applicable) | F. Does this member have signature authority for the legal entity? (Yes or No) |
| John A. Member | 1111 | 50 | \$ | Brother | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Jane A. Member | 2222 | 50 | \$ | Sister | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

| PART L - CERTIFICATION - (FOR JOINT VENTURES AND GENERAL PARTNERSHIP, A SIGNATURE IS REQUIRED FOR EACH MEMBER) | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------|
| <p>I certify that all the information entered on this document and any supporting documentation is true and correct. I understand that furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form I acknowledge that:</p> <ul style="list-style-type: none"> • all supporting documentation has been submitted as required • I have reviewed and understand all definitions and requirements on Page 6 of this form. • all information will be considered in effect continuously unless changes or revisions are submitted. • it is my responsibility to timely notify FSA in writing of any changes that may affect these representations, including, but not limited to: the composition of the entity identified in Part A; the farming, ranching or forestry operation of the entity identified in Part A; financial status of the entity identified in Part A. • evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and I will take all necessary actions to provide such materials to the applicable State or county committee if requested by FSA. • it is my responsibility to timely notify FSA in writing of any successors who acquire an interest in this farming operation as the result of the death of a member or shareholder. | | |
| 1. Signature (By) | 2. Title/Relationship of Individual Signing in the Representative Capacity | 3. Date (MM-DD-YYYY) |
| John A. Member | Member, J&J LLC | 04-02-2009 |

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Reports, Forms, Abbreviations, and Redelegations of Authority

Reports

This table lists the required reports of this handbook.

| Reports Control Number | Title | Reporting Period | Submission Date | Negative Reports | Reference |
|------------------------|-----------------------------------------------------|------------------|------------------------------------------------------------------------------------|------------------|------------------------------|
| RPT-I-00-CM-08-1 | Payments to Producers Identified as Deceased Report | Quarterly | 30 calendar days after notification is received that the reports have been posted. | No | 976-978, 1001, 1006, Ex. 125 |

Forms

This table lists all forms referenced in this handbook.

| Number | Title | Display Reference | Reference |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|
| AD-1026 | Highly Erodible Land Conservation (HELIC) and Wetland Conservation (WC) Certification | | 750, 753 |
| AD-2017 | Service Center Information Management System (SCIMS) Access Form | Ex. 11.4 | 141, Ex. 2 |
| AD-2035 | USDA Minority Farm Register | | 199 |
| AD-2047 | Customer Data Worksheet Request for SCIMS Record Change (For Internal Use Only) | 198 | 199 |
| AD-2088 | Receipt of Request for Benefit or Service Offered by USDA | 4 | |
| AD-2106 | Form to Assist in Assessment of USDA Compliance With Civil Rights Laws | 199 | |
| CCC-10 | Representations for Commodity Credit Corporation or Farm Service Agency Loans and Authorization to File a Financing Statement and Related Documents | | 177 |
| CCC-36 | Assignment of Payment | | 211, 934 |
| CCC-37 | Joint Payment Authorization | | 211, 934 |
| CCC-64 | Surety Bond (Minor) | 677 | |
| CCC-184 <u>1/</u> | CCC Check | | 679 |
| CCC-501A | Member's Information | | 753 |
| CCC-502 | Farm Operating Plan for Payment Eligibility Review | | 753 |
| CCC-509 | Direct and Counter-Cyclical Program Contract | | 709, 710 |
| CCC-526 | Payment Eligibility Average Adjusted Gross Income Certification | | 72, 753, Ex. 51 |
| CCC-605 | Designation of Agent - Cotton | | 728, 731, Ex. 51 |
| CCC-901 | Members Information 2009 and Subsequent Years | | 707-711, 713, Ex. 51 |

1/ CCC-184 is obsolete.

Reports, Forms, Abbreviations, and Redelegations of Authority (Continued)

Forms (Continued)

| Number | Title | Display Reference | Reference |
|---------------------|--------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|
| CCC-902E | Farm Operating Plan for an Entity 2009 and Subsequent Program Years | | 707-711, 713, Ex. 51 |
| CCC-931 | Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information | | 779 |
| CCC-1099-G | Report of Payments to Producers | | 276 |
| CRP-1 | Conservation Reserve Program Contract | | 211 |
| FFAS-12 | Electronic Funds Transfer (EFT) Hardship Waiver Request | | 728 |
| FSA-155 | Request for Farm Reconstitution | | Ex. 51 |
| FSA-179 | Transfer of Farm Records Between Counties | | Ex. 51 |
| FSA-211 | Power of Attorney | Ex. 60 | 178, Part 25, 1005, Ex. 2, 51 |
| FSA-211-1 <u>1/</u> | Power of Attorney for Husband and Wife | | 728 |
| FSA-211A | Power of Attorney Signature Continuation Sheet | Ex. 60 | 707, 728 |
| FSA-217 | Socially Disadvantaged, Limited Resource and Beginning Farmer or Rancher Certification | 950 | |
| FSA-325 | Application for Payment of Amounts Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent | 779 | 762 |
| FSA-570 | Waiver of Eligibility for Emergency Assistance | 802 | 801 |
| FSA-2001 | Request for Direct Loan Assistance | | 177, 199 |
| FSA-2211 | Application for Guarantee | | 199 |
| FSA-2212 | Preferred Lender Application for Guarantee | | 199 |
| FSA-2301 | Request for Youth Loan | | 177, 199 |
| FSA-2683 | Request for Land Contract Guarantee Assistance | | 199 |
| I-551 | Alien Registration Receipt Card | | 177, 178, 932, Ex. 2 |
| IRS 1099-MISC | Miscellaneous Income | | 122 |
| SF-256 | Self-Identification of Disability | Ex. 13 | 179 |
| SF-1055 | Claim Against the United States for Amounts Due in the Case of a Deceased Creditor | 780 | |
| SF-1199A | Direct Deposit Sign-Up Form | | 728 |
| SF-3881 | ACH Vendor/Miscellaneous Payment Enrollment Form | | 728 |
| UCC-1 | UCC Financing Statement | | 681 |
| UCC-1F | Effective Financing Statement | | 681 |
| W-7 | Application for IRS Individual Taxpayer Identification Number | | 127 |

1/ FSA-211-1 is obsolete.